



Excellence Health Care

X-Ray & Ultrasound Diagnostic Centre

2700 Dufferin St., Unit 56, York, ON M6B 4J3 (416) 782-6333

Female Technologist (IMG) On-site



FREE PARKING

Wheelchair Accessible

Walk-ins Are Always Welcomed!

PATIENT INFORMATION *(Please see Preparation Instructions on back)*

Last Name: First Name:
 Date of Birth: DD/MM/YYYY Sex: Male Female Phone: (.....) -
 Address: City: Postal Code:
 Health Card#: [][] - [][] - [][][][]

APPOINTMENT

Appt. Date: DD/MM/YYYY
 Appt. Day: Mon Tue Wed Thu Fri Sat
 Appt. Time:
Please provide 24 hours' notice of cancellation. \$50 may be applied for missed appointments with no notice. Late arrivals may be re-scheduled

DIGITAL X-RAY

HEAD & NECK

- Skull
- Sinuses
- Adenoids
- Soft Tissue of Neck
- Pituitary Fossa
- Mastoids
- Nasal Bones
- Facial Bones
- Mandible
- T.M. Joints
- Orbits

CHEST

- Chest
- Ribs R L (Incl. Chest View)
- Sternum
- S.C. Joints

SPINE & PELVIS

- Cervical Spine
- Dorsal Spine
- Lumbo-Sacral Spine, S.I. Joints, Pelvis
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- AP Pelvis
- Pelvis & Hip R L
- Scoliosis Series

SKELETAL SURVEY

- Metastatic Series
- Arthritic Series
- Metabolic Series
- Bone Age

UPPER EXTREMITIES

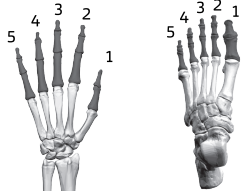
- R L Both
- Shoulder
- Clavicle
- A.C. Joints
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Scaphoid
- Hand
- Fingers

No. 1 2 3 4 5

LOWER EXTREMITIES

- R L Both
- Hip
- Femur
- Knee
- Tibia & Fibula
- Ankle
- Foot
- Calcaneus(Heel)
- Toes

No. 1 2 3 4 5



ABDOMEN

- Plain Film (KUB)
- Acute (3 views)

DIGITAL ULTRASOUND

GENERAL

- Abdomen
- Kidney & Bladder
- Groin L R
- Female Pelvis (Includes transvaginal Unless contraindicated)
- Male Pelvis
- Pelvis: Pre-Post Void
- Prostate-Transrectal
- AAA Screening
- Testicular/Scrotal
- Thyroid
- Neck
- Hernia / Abdominal wall
- Inguinal Canal R L Both
- Breast & Axillary R L Both
- Axillary R L Both

OBSTETRICAL

- LMP: DD/MM/YYYY
- Dating (6-10 weeks) (includes Transvaginal unless contraindicated)
- NT/IPS (11-14 weeks) (includes Transvaginal unless contraindicated)
- Anatomy (18-20 weeks)
- BPP (26+ weeks)
- High Risk
- Fetal Growth

MUSCULOSKELETAL

- R L Both
- Shoulder
- Arm
- Elbow
- Forearm
- Wrist
- Hand
- Finger
- No. 1 2 3 4 5
- Plantar Fascia
- Hip
- Buttock
- Thigh
- Hamstring
- Knee
- Calf
- Ankle
- Foot
- Achilles
- Toe
- No. 1 2 3 4 5

Other:

Relevant History, Physical Findings, and Provisional Diagnosis

Affix Patient Demographic label here

Referring Physician STAT VERBAL

Technician Information:

Initials:

Doctor's Name Doctor's Signature OHIP Provider ID
 Doctor's Phone Fax DD/MM/YYYY
 Doctor's Address
 Copy to

I declare to the best of my knowledge I am not presently pregnant

Name:

Signature:

INSTRUCTIONS TO PATIENT

1. Please bring this requisition form and your Health Card to your appointment.
2. Please arrive 15 minutes early to register.
3. Please refer to the exam preparation.
4. If you are unable to keep your appointment please give 24 hour notice.

CONTACT US

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(416) 782-6333

(416) 782-7333

Fax: (416) 789-7333

**2700 Dufferin St., Unit 56
York, ON M6B 4J3**



1. Open your phone's camera
2. Focus on this QR code
3. Tap notification to open link

We love to hear from you

4. Post a review to our profile
Your feedback matters.

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- No carbonated drinks 12 hours before your appointment
- Nothing to eat or drink after midnight the night before
- Do not eat breakfast

PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination
- No fasting necessary

ABDOMEN AND PELVIS ULTRASOUND TOGETHER:

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Nothing to eat after midnight the night before
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination

OBSTETRICAL ULTRASOUND

- For less than 12 weeks: drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea). You must eat breakfast/lunch
- For 12-18 weeks: drink 2 glasses (or 1 small bottle) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea) You must eat breakfast/lunch
- For over 18 weeks: no preparation is required. You must eat breakfast/lunch

NUCHAL TRANSLUCENCY:

- Drink 3 glasses (or 1.5 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- You must bring all the papers from your doctor (blood work requisition, I.P.S. screening paper, etc) with you for your appointment

PROSTATE-TRANSRECTAL ULTRASOUND:

- Purchase a FLEET ENEMA from the pharmacy and follow the instructions in the package
- Self-administer the enema 2 hours before your appointment time.
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your examination (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination

NO PREPARATION REQUIRED FOR THE FOLLOWING:

- Scrotal/testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound (any type)

X-RAY PREPARATIONS

GENERAL X-RAY

If there is a possibility you may be pregnant, please contact your physician prior to X-Ray.