ONTARIO DIAGNOSTIC Imaging Centres

FEMALE TECHNOLOGIST AVAILABLE
RADIOLOGISTS PRESENT ONSITE
Email: info@odic.ca
Visit us at www.odic.ca

ontario breast screening program
a cancer care ontario program

FREE PARKING

Appointment Date and Time
Date: _____
Time: _____

Name	D.O.B.	Sex ❑ M ❑ F	Health No. & V.C.
Address:			Tel:

❑ **STAT** ❑ **VERBAL**

ODIC - NORTH YORK

❑ 491 Lawrence Avenue W, LL2
North York, ON, M5M 1C7
Ph: 416-781-9940
Fax: 416-781-7175
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • MAMMOGRAPHY

RR IMAGING (Paid Parking)

❑ 234 Eglinton Ave E, Unit 207
Toronto, ON M4P 1K5
Ph: 416-485-9471
Fax: 416-485-9309
CLINIC HOURS
Mon-Friday: 7:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND

ODIC - ALBION

❑ 1525 Albion Road, LL4
Etobicoke, ON, M9V 5G5
Ph: 416-741-5661
Fax: 416-741-6417
CLINIC HOURS
Mon-Friday: 7:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • MAMMOGRAPHY • VASCULAR ULTRASOUND

ODIC - HUMBER

❑ 100 Humber College Blvd, Suite 106A
Rexdale, ON, M9V 5G4
Ph: 416-745-4550
Fax: 416-745-4048
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
Sunday: 9:00 AM to 3 PM
• X-RAY • ULTRASOUND

ODIC - REXDALE

❑ 123 Rexdale Blvd, Unit 6
Etobicoke, ON M9W 1P1
Ph: 416-746-3828
Fax: 416-746-6397
CLINIC HOURS
Mon-Friday: 8:00 AM to 6 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD

BREAST IMAGING *(BY APPOINTMENT ONLY)*

MAMMOGRAPHY ❑ ⊕ Left ❑ ⊕ Right ❑ Bilateral

By signing this requisition you are authorizing your patient to be referred on your behalf to William Osler Health System for additional breast assessment as needed _____

BREAST ULTRASOUND ❑ Left ❑ Right ❑ Bilateral

BONE DENSITY *(NO APPOINTMENT REQUIRED)*

❑ Baseline ❑ 3 yr - First follow up ❑ High Risk - 1 yr

X-RAY *(NO APPOINTMENT REQUIRED)*

ABDOMEN
❑ Single view (KUB)
❑ Acute (includes Chest PA)

HEAD & NECK
❑ Skull
❑ Sinuses
❑ Soft Tissue of Neck
❑ Nasal Bones
❑ Facial Bones
❑ Mandible
❑ T.M. Joints
❑ Orbits

CHEST
❑ Chest (PA & LAT)
❑ Ribs L R B
(Includes Chest PA)
❑ Sternum
❑ S.C. Joints
❑ Immigration Chest (PA)

UPPER EXTREMITIES
❑ L R Shoulder
❑ L R Clavicle
❑ B A.C. Joints
❑ L R Scapula
❑ L R Humerus
❑ L R Elbow
❑ L R Forearm
❑ L R Wrist
❑ L R Scaphoid
❑ L R Hand
❑ L R Finger
N° 1 2 3 4 5

SKELETAL SURVEY
❑ Metastatic Series
❑ Arthritic Series
❑ Metabolic Series
❑ Bone Age

LOWER EXTREMITIES
❑ L R Hip
❑ L R Femur
❑ L R Knee
❑ L R Tib & Fib
❑ L R Ankle
❑ L R Foot
❑ L R Calcaneus
❑ L R Toes - N° 1 2 3 4 5

SPINE & PELVIS
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbo-Sacral Spine
❑ Sacrum & Coccyx
❑ S.I. Joints
❑ AP Pelvis
❑ Pelvis & Hip L R B
❑ Scoliosis Series

I DECLARE THAT I AM NOT PRESENTLY PREGNANT _____
SIGNATURE

VASCULAR ULTRASOUND *(BY APPOINTMENT ONLY)*

❑ Carotid ❑ Renal
❑ Arterial Extremity ❑ ARM L R B ❑ LEG L R B
❑ Venous Extremity ❑ ARM L R B ❑ LEG L R B

ULTRASOUND EXAMINATION *(BY APPOINTMENT ONLY)*

GENERAL
❑ Abdomen
❑ Pelvic
❑ Transvaginal
❑ Renal + Bladder
❑ PVR-Post Void Residual
❑ Abdominal Wall
❑ Prostate-Transrectal
❑ Testicular / Scrotum
❑ Transvaginal
❑ Aorta
❑ Inguinal Canal/Hernia

NECK
❑ Thyroid ❑ Neck mass
❑ Salivary Glands

OBSTETRICAL
❑ OB Dating (<16wks)
❑ IPS (NT) (11-13 wks, 6 days)
❑ OB Routine Anatomy Scan (18-20wks)
❑ Biophysical Profile (> 30wks)
❑ OB High Risk
❑ OB Follow Up
❑ **HYSTEROSONOGRAM**

MUSCULOSKELETAL
❑ L R B Hip
❑ L R B Hamstring
❑ L R B Knee
❑ L R B Achilles Tendon
❑ L R B Ankle
❑ L R B Foot
❑ L R B Shoulder
❑ L R B Elbow
❑ L R B Wrist
❑ L R B Other Muscle Area
❑ L R B Other Soft Tissue

DR's OFFICE STAMP

CLINICAL INFORMATION REQUIRED:

MD: _____

CC: _____

❑ **X-RAY** ❑ **ULTRASOUND**

PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM *Last Patient Registration Half an Hour Before Closing*

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those on the IHF Program website

DOCTOR, PLEASE PRINT YOUR NAME AS WELL

12/24

X-RAY • MAMMOGRAPHY • ULTRASOUND • VASCULAR ULTRASOUND • BMD

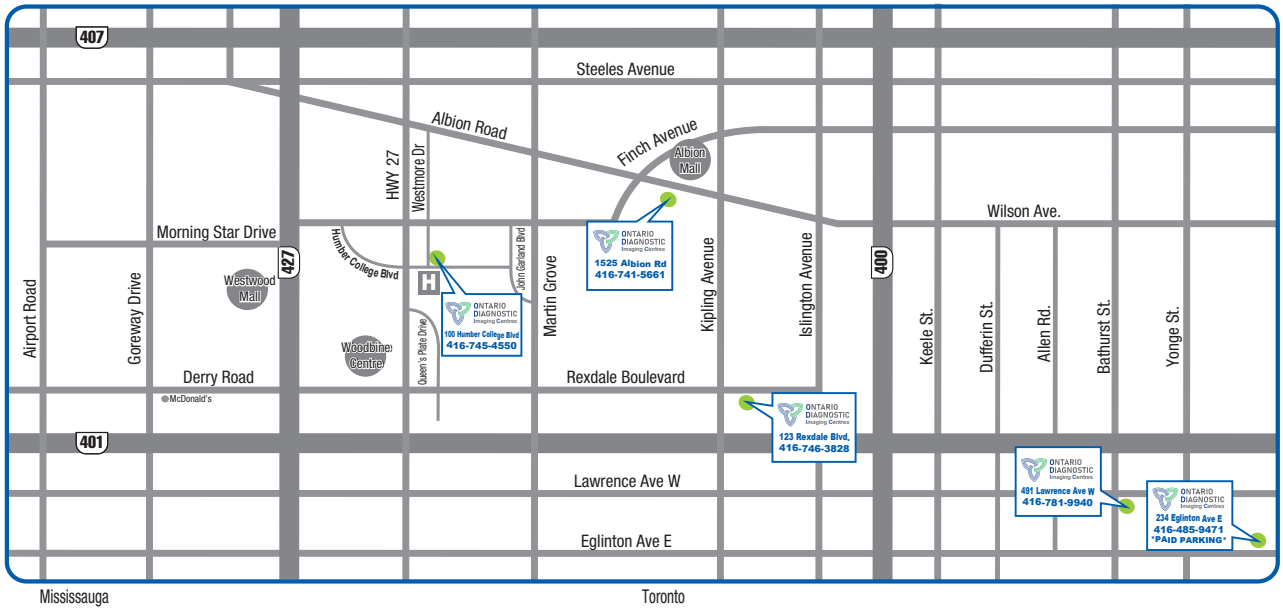
- ❑ 491 LAWRENCE AVENUE W - TO MAKE APPT. CALL 416-781-9940
- ❑ 234 EGLINTON AVE E - TO MAKE APPT. CALL 416-485-9309
- ❑ 1525 ALBION ROAD - TO MAKE APPT. CALL 416-741-5661
- ❑ 100 HUMBER COLLEGE BLVD - TO MAKE APPT. CALL 416-745-4550
- ❑ 123 REXDALE BLVD - TO MAKE APPT. CALL 416-746-3828

Appointment Date and Time

Date: _____

Time: _____

Cancellation should be made 24 hours before appointment.



MAMMOGRAPHY PREPARATIONS

NO POWDER OR DEODORANT

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- FAST FOR 8 HOURS, 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 EXCEPT WATER
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES)

- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED 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 OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED 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 PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

ALL BARIUM STUDIES

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS: DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH
- FOR 12/18 WEEKS/FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED 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 FOL LOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- DO NOT VOID

HYSTEROSONOGRAM

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- OCCASIONALLY, PATIENT MIGHT EXPERIENCE SOME CRAMPING DURING OR AFTER HYSTEROSONOGRAM. SHE MAY TAKE 1-2 TABLETS OF IBUPROFEN (TYLENOL OR ADVIL) 1 HOUR BEFORE OR AFTER THE PROCEDURE.