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 - 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 - YONGE
1366 Yonge St, Suite 101
Toronto, ON, M4T 3A7
Ph: 416-975-8951 Fax: 416-975-8610
CLINIC HOURS
Mon-Friday: 8:30 AM to 4 PM
Saturday: 9:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD
• VASCULAR ULTRASOUND

ODIC - NORTH YORK
491 Lawrence Ave 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

ODIC - HUMBER DIAGNOSTICS
1017 Wilson Ave, Suite 100
North York, ON M3K 1Z1
Ph: 416-631-7581 Fax: 416-631-9759
CLINIC HOURS
Mon-Thurs: 8:00 AM to 6 PM
Friday: 8:00 AM to 5 PM
Saturday: 8:00 AM to 3 PM
• X-RAY • ULTRASOUND • BMD • CARDIOLOGY

ODIC - ALBION
1525 Albion Rd, 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

ODIC - INNISFIL
7869 Yonge St, Unit 3
Stroud, Innisfil, ON L9S 1K8
Ph: 705-431-0000 Fax: 705-431-0041
CLINIC HOURS
Mon-Friday: 8:00 AM to 4 PM
Saturday: 8:00 AM to 3 PM
• BMD • MAMMOGRAPHY • VASCULAR

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

CARDIOVASCULAR

CARDIOLOGY
❑ Echocardiogram
❑ Holter Monitor 48hrs 72hrs 1wk 2wks
❑ Resting ECG
❑ Stress ECG/GXT

CONSULTATIONS
❑ Cardiology ❑ Electrophysiology (EP) ❑ Internal Medicine

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 - Nº 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 - Nº 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

CLINICAL INFORMATION REQUIRED:

MD:_____

CC:_____ ❑ **X-RAY** ❑ **ULTRASOUND**

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
❑ Thyroid
❑ Neck Mass
❑ Salivary Glands

ULTRASOUND GUIDED PROCEDURES *(WILSON LOCATION)*
L R Thyroid FNA
L R Lymph Mode FNA
L R Bursa
L R Joints
L R Tendons
L R Foot

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

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

1/25

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

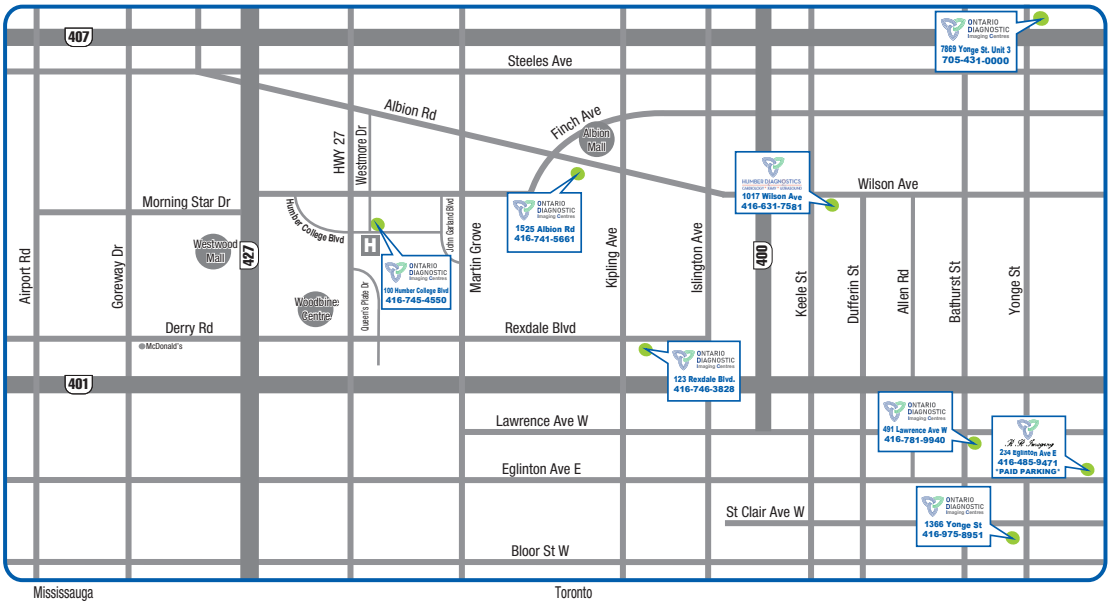
- ❑ 234 EGLINTON AVE E - TO MAKE APPT. CALL 416-485-9309
- ❑ 1366 YONGE ST - TO MAKE APPT. CALL 416-975-8951
- ❑ 491 LAWRENCE AVE W - TO MAKE APPT. CALL 416-781-9940
- ❑ 1017 WILSON AVE - TO MAKE APPT. CALL 416-631-7581
- ❑ 1525 ALBION RD - TO MAKE APPT. CALL 416-741-5661
- ❑ 100 HUMBER COLLEGE BLVD - TO MAKE APPT. CALL 416-745-4550
- ❑ 123 REXDALE BLVD - TO MAKE APPT. CALL 416-746-3828
- ❑ 7869 YONGE ST - TO MAKE APPT. CALL 705-431-0000

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 (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 (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 OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (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 (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH

NO PREPARATION IS REQUIRED FOR FOLLOWING

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

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (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
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT (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 (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.

ALL BARIUM STUDIES

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

DIAGNOSTIC TEST PREPARATIONS

EXERCISE STRESS TEST GXT / ECG / ECHO

- LIGHT BREAKFAST / LUNCH ON THE DAY OF TEST
- WEAR COMFORTABLE SHOES, T-SHIRTS, SHORTS OR PANTS
- NO SMOKING 1 HOUR PRIOR TO TEST
- BRING ALL CURRENT MEDICATIONS, AND CHECK WITH YOUR PHYSICIAN REGARDING THE DISCONTINUATION OF ANY RELATED MEDICATION.