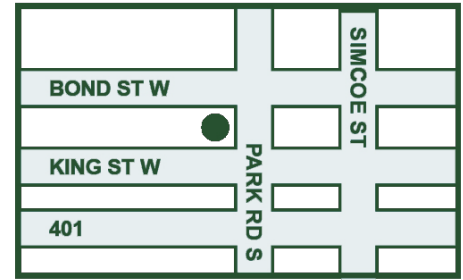




# OSHAWA ULTRASOUND DIAGNOSTIC SERVICES

300 King Street West, Unit 108, Oshawa, ON L1J 2K1  
info@oshawaimaging.ca www.oshawaimaging.ca  
**CALL 905-576-2622 FAX 905-576-0798**



**FREE PARKING**

Patient's Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ OHIP: \_\_\_\_\_  Walk-In  Appointment \_\_\_\_\_

Clinical Information: \_\_\_\_\_

## PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

### ULTRASOUND EXAMINATIONS

Abdomen

Nothing to eat or drink 8 hours prior to examination

Kidney

Male Pelvis

Bladder

Drink 5 glasses of water 1 hour before examination.  
**DO NOT VOID (urinate)** until the examination is completed

Transrectal

Purchase **FLEET ENEMA** from the pharmacy.  
Follow the instruction in the package.  
Take the enema 2 hours before the appointment time.

Female Pelvis

Nuchal Translucency-IPS

Transvaginal

BPP

Obstetrical < 16 wks.

Doppler

Obstetrical > 16 wks.

Fetal Position

Drink 5 glasses of water (35 - 40 oz).  
To be finished one hour before the test.  
**DO NOT VOID**

Breast  R  L

Chest Masses

Aorta (AAA)

Thyroid

Neck

Parotid & Submandibular Glands

Testicular

Inguinal area  R  L

Other Soft Tissue

### MUSCULOSKELETAL

R  L Shoulder

R  L Thigh

R  L Axilla

R  L Knee

R  L Hip Joint

R  L Hamstring & Gluteal area

R  L Hip

R  L Carpal Tunnel

R  L Calf

R  L Wrists & Hands

R  L Forearm Muscles

R  L Other Musculoskeletal

R  L Elbow

R  L Achilles Tendons

R  L Ankle

R  L Plantar Fascia

R  L Foot

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>.