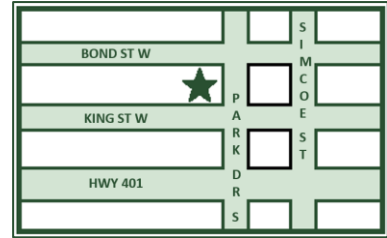




OSHAWA ULTRASOUND DIAGNOSTIC SERVICES

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 INFO

PHYSICIAN INFO

Name:		Referred by:	
Phone:		Signature:	
OHIP:		Billing #:	CPSO #:
		Phone:	Fax:
Clinical:			

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

STAT **VERBAL** **GENERAL ULTRASOUND**

<input type="checkbox"/> Abdomen + Limited Pelvis	Do not eat 8 hours prior. Drink 2-3 glasses of water 1 hour prior to the exam and DO NOT VOID.	
<input type="checkbox"/> Kidney <input type="checkbox"/> Male Pelvis <input type="checkbox"/> Bladder	Drink 5 glasses of water 1 hour prior to the exam and DO NOT VOID	
<input type="checkbox"/> Transrectal + Kidneys	Purchase FLEET ENEMA from the pharmacy. Take the enema 2 hours before the appointment time. Drink 5 glasses of water prior to the exam and DO NOT VOID.	
<input type="checkbox"/> Female Pelvis <input type="checkbox"/> Transvaginal <input type="checkbox"/> BPP	<input type="checkbox"/> Nuchal Translucency (NT) <input type="checkbox"/> Obstetrical < 16 wks. <input type="checkbox"/> Obstetrical > 16 wks.	Drink 5 glasses of water 1 hour prior to the exam and DO NOT VOID.
<input type="checkbox"/> Breast R L <input type="checkbox"/> Thyroid <input type="checkbox"/> Testicular/Scrotum	<input type="checkbox"/> Neck + Face <input type="checkbox"/> Inguinal Area R L <input type="checkbox"/> Salivary Glands	<input type="checkbox"/> Other Soft Tissue _____

MUSCULOSKELETAL

<input type="checkbox"/> L <input type="checkbox"/> R Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R Ankle	<input type="checkbox"/> L <input type="checkbox"/> R Plantar Fascia
<input type="checkbox"/> L <input type="checkbox"/> R Elbow	<input type="checkbox"/> L <input type="checkbox"/> R Foot	<input type="checkbox"/> L <input type="checkbox"/> R Axilla
<input type="checkbox"/> L <input type="checkbox"/> R Forearm	<input type="checkbox"/> L <input type="checkbox"/> R Thigh	<input type="checkbox"/> L <input type="checkbox"/> R Hamstring & Gluteal Area
<input type="checkbox"/> L <input type="checkbox"/> R Wrist & Hands	<input type="checkbox"/> L <input type="checkbox"/> R Hip	<input type="checkbox"/> L <input type="checkbox"/> R Calf
<input type="checkbox"/> L <input type="checkbox"/> R Knee	<input type="checkbox"/> L <input type="checkbox"/> R Achilles Tendons	<input type="checkbox"/> L <input type="checkbox"/> R Other Musculoskeletal

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