



OSHAWA ULTRASOUND DIAGNOSTIC SERVICES

Monday to Saturday: 8:30am - 4:30pm

CALL 905-576-2622

FAX 905-576-0798

Upload your requisition here



550 Bond St W, Oshawa, ON L1J 0E4

oshawaultrasound@gmail.com www.oshawaimaging.ca

ACCEPTING WALK-IN PATIENTS (CALL FIRST)

FASTEST APPOINTMENT AVAILABILITY

GENERAL ULTRASOUND

PREGNANCY SCANS

NT/eFTS

MSK

FEMALE TECHNICIANS

OPEN ON SATURDAYS

FREE PARKING

PATIENT INFO

PHYSICIAN INFO

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

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

GENERAL ULTRASOUND

STAT **VERBAL**

Abdomen + Limited Pelvis Do not eat for 8 hours prior. Drink 4 glasses of water 1 hour prior to the exam and DO NOT VOID.

Kidney Male Pelvis Bladder Drink 4 glasses of water 1 hour prior to the exam and DO NOT VOID.

Transrectal + Kidneys Purchase FLEET ENEMA from the pharmacy. Take the enema 2 hours before the appointment time. Drink 4 glasses of water prior to the exam and DO NOT VOID.

Dating Female Pelvis Drink 4 glasses of water 1 hour prior to the exam and DO NOT VOID.

NT/eFTS NIPT Transvaginal

<input type="checkbox"/> Anatomy	<input type="checkbox"/> Neck + Face	<input type="checkbox"/> Breast L R
<input type="checkbox"/> BPP/Growth	<input type="checkbox"/> Inguinal Area L R	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Obstetrical other _____	<input type="checkbox"/> Salivary Glands	<input type="checkbox"/> Testicular/Scrotum
		<input type="checkbox"/> Other Soft Tissue _____

MUSCULOSKELETAL

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