



JANE - WILSON DIAGNOSTIC SERVICES

2141 Jane St. Lower Level, Toronto, ON M3M 1A2

(South East Corner of Jane St. & Wilson Ave)

Tel: (416) 245-4111 Fax: (416) 245-4008

FREE PARKING

if no preparation required

WALK-IN

Last Name	First Name	Sex M F	Appointment Date and Time
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X-RAY

ABDOMEN

- ☐ Plain Film (KUB)
- ☐ Acute (3 views)

HEAD & NECK

- ☐ Skull
- ☐ Sinuses
- ☐ Adenoids
- ☐ Soft Tissue of Neck
- ☐ Pituitary Fossa
- ☐ Mastoids
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits
- ☐ Other _____

CHEST

- ☐ Chest
- ☐ Ribs ☐ ☐ (Incl. Chest View)
- ☐ Sternum
- ☐ S.C. Joints

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Dorsal Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis & Hip ☐ ☐
- ☐ Scoliosis Series

SKELETAL SURVEY

- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Metabolic Series

UPPER EXTREMITIES

- | | |
|---|-------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Shoulder | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Clavicle | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> A.C. Joints | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Scapula | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Humerus | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Elbow | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Forearm | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Wrist | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Scaphoid | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Hand | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Fingers | |

No. 1 2 3 4 5

LOWER EXTREMITIES

- | | |
|--|-------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Hip | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Femur | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Knee | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Tibia & Fibula | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Ankle | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Foot | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Calcaneus | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Toes | |

No. 1 2 3 4 5

ULTRASOUND EXAMINATIONS

GENERAL

- ☐ Abdomen
- ☐ Abdomen + Limited Pelvis
- ☐ Abdomen + Pelvis
- ☐ Pelvis: Pre-Post Void
- ☐ Female Pelvis (Includes transvaginal Unless contraindicated)
- ☐ Male Pelvis
- ☐ Prostate-Transrectal
- ☐ Testicular/Scrotal
- ☐ Thyroid
- ☐ Hernia _____
- ☐ ☐ Breast ☐ Both

OBSTETRICAL

- ☐ Obstetrical - Dating
- ☐ Obstetrical - Nuchal Translucency (IPS1/IPS2)
- ☐ Obstetrical - High Risk
- ☐ Obstetrical - Anatomy Scan
- ☐ Obstetrical - Biophysical Profile

MUSCULOSKELETAL / EXTREMITIES

- | | |
|---|-------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Shoulder | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Elbow | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Wrist / Hand | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Knee | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Ankle / Achilles Tendon | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Thigh | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Hip | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Foot / Plantar Fascia | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Soft Tissue _____ | <input type="checkbox"/> Both |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> Both |

LABEL

**We SPEAK
ENGLISH, SPANISH
RUSSIAN, CHINESE,
FARSI, ITALIAN**

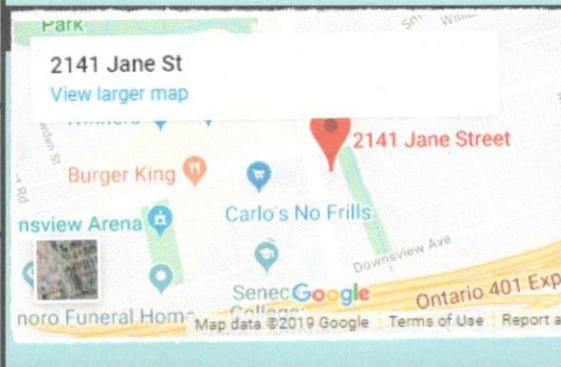
CLINICAL INFORMATION: _____

CC: _____ MD: _____

TECHNICIAN INFORMATION: _____

I declare to the best of my knowledge I am not presently pregnant.

Signature _____



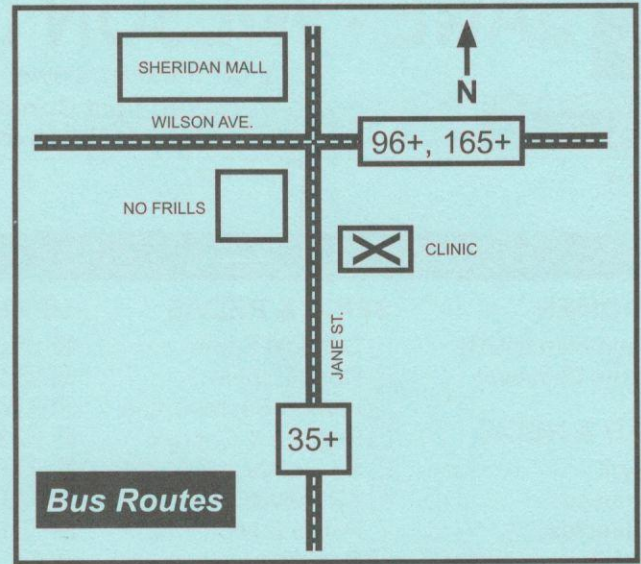
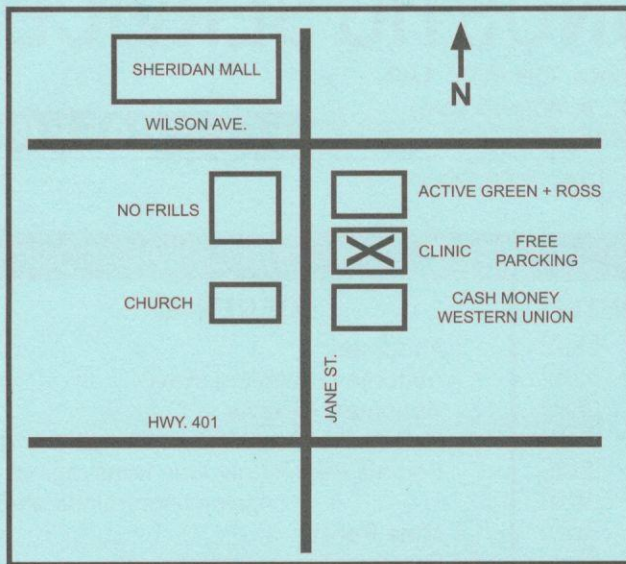
FEMALE SONOGRAPHER AVAILABLE UPON REQUEST FOR ULTRASOUND EXAMINATIONS

Please bring this requisition form to your appointment

PLEASE BRING YOUR HEALTH CARD
FOR PREPARATIONS AND DIRECTIONS PLEASE TURN OVER

Please bring this requisition form to your appointment

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>.



X-RAY PREPARATIONS

GENERAL X-RAY

- No preparation required

G.I. SERIES / SMALL BOWEL

- Nothing to eat after 7:00 PM the night before
- Nothing to drink after midnight
- Do not eat breakfast

BARIUM ENEMA

- Nothing to eat after 3:00 PM the day before
- Obtain Colyte, Golytely, or Klean Prep from a pharmacy. Begin taking this at 6:00 PM and finish by 8:00 PM the day before your appointment
- Take two Dulcolax tablets at 8:00 PM the night before
- Nothing to drink after midnight
- Do not eat breakfast

CARDIOVASCULAR PREPARATIONS

ECHOCARDIOGRAM:

- No caffeinated drinks the morning of your appointment
- Bring all the medications you are currently taking

EXERCISE STRESS-TEST:

- No caffeinated drinks the morning of your appointment
- Wear comfortable clothing and running shoes
- Bring all the medications you are currently taking
- Do NOT discontinue any medications without first consulting your doctor

HOLTER MONITOR:

- Patients are advised to take a shower the morning of their appointment
- Holters must be returned to the clinic within 24 hours

VASCULAR ULTRASOUND (ALL TYPES)

- No preparation required

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- 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
- Do not eat breakfast

PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses (or 2 small bottles) of clear fluids 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 (or 2 small bottles) of clear fluids 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 REQUIRED FOR THE FOLLOWING:

- Scrotal/testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound (any type)

OBSTETRICAL ULTRASOUND

- For less than 12 weeks: drink 4-5 glasses~ (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea). You must eat breakfast/lunch
- For 12-18 weeks: drink 2 glasses (or 1 small bottle) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea) You must eat breakfast/lunch
- For over 18 weeks: no preparation is required. You must eat breakfast/lunch

NUCHAL TRANSLUCENCY:

- Drink 3 glasses (or 1.5 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- You must bring all the papers from your doctor (bloodwork 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 time.
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your examination (water, juice, black coffee or black tea)
- DO NOT VOID – a full bladder is necessary for the examination