FHMI
FOREST HILL MEDICAL IMAGING

Forest Hill Medical and Professional Building
491 Eglington Avenue West, Suite 302
Toronto, ON M5N 1A8
Phone: 416-640-1103 Fax: 416-640-1106

REQUEST FOR EXAMINATION

Midtown Toronto - On the South Side of Eglinton between Avenue Road and Spadina Road.

Patient Information

First Name | Last Name | Sex M F

Home Phone | Other Phone

OHIP | Version Code | Date of Birth DD / MM / YYYY

Physician Information

Name | Address

Phone | Fax

Date DD / MM / YYYY

Appointment Date / Time

Appointment Date DD / MM / YYYY Appointment Time HH / MM

24-hour notice required to cancel appointment or $75 charge will be billed to patient.

Please bring this requisition form and your Health Card to your appointment.

Please see Patient Instructions on back

X-RAY

CHEST
- ☐ Chest PA & LAT
- ☐ Ribs ☐R ☐L ☐B (includes PA chest)
- ☐ Sterno - Clavicular
- ☐ Sternum

HEAD & NECK
- ☐ Soft Tissue Neck
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose/Nasal Bones
- ☐ Mandible
- ☐ Orbits
- ☐ TM joints
- ☐ Mastoids
- ☐ Pituitary Fossa

SPINE & PELVIC
- ☐ Hip ☐R ☐L
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Pelvis
- ☐ S.I.Joints
- ☐ Sacrum/Coccyx
- ☐ Scoliosis
- ☐ Other: _____

ABDOMEN
- ☐ ABD Series
- ☐ KUB (Single view)

SKEIETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Metabolic Series

MUSCULOSKELETAL
B = Bilateral

B	R	L	
☐	☐	☐	Hand
☐	☐	☐	Wrist
☐	☐	☐	Elbow
☐	☐	☐	Shoulder
☐	☐	☐	Forearm
☐	☐	☐	Humerus
☐	☐	☐	Clavicle
☐	☐	☐	A.C. Joints
☐	☐	☐	Scapula
☐	☐	☐	Scaphoid
☐	☐	☐	Finger: 1 2 3 4 5

LOWER EXTREMITIES
B = Bilateral

B	R	L	
☐	☐	☐	Knee
☐	☐	☐	Ankle
☐	☐	☐	Foot
☐	☐	☐	Hip
☐	☐	☐	Femur
☐	☐	☐	Tib. & Fib.
☐	☐	☐	Heel
☐	☐	☐	Toe: 1 2 3 4 5

ULTRASOUND

GENERAL
- ☐ Abdomen
- ☐ Pelvis-transvaginal
- ☐ Pelvis-transabdominal
- ☐ Renal
- ☐ Bladder
- ☐ PVR-Post Void Residual
- ☐ Transrectal Prostate
- ☐ Testicular/Scrotal
- ☐ AAA Screening
- ☐ Abdominal Wall/Hernia
- ☐ Inguinal Canal
- ☐ Scrotum
- ☐ Thyroid and Neck

FEMALE PELVIS
- ☐ Pelvis - transvoginal
- ☐ Pelvis-transabdominal

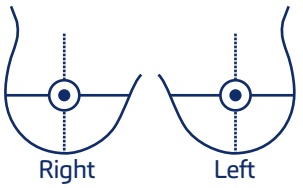
UPPER EXTREMITIES
B = Bilateral

B	R	L	
☐	☐	☐	Shoulder
☐	☐	☐	Elbow
☐	☐	☐	Wrist/Hand
☐	☐	☐	Knee
☐	☐	☐	Popliteal Fossa
☐	☐	☐	Achilles Tendom
☐	☐	☐	Ankle
☐	☐	☐	Foot
☐	☐	☐	Plantar Fascia
☐	☐	☐	Lumps & Bumps
☐	☐	☐	Hip
☐	☐	☐	Soft Tissue
☐	☐	☐	Other

MALE PELVIS
- ☐ Pelvis - transabdominal bladder and prostate
- ☐ Prostate - transrectal

OBSTETRICS
LMP: DD / MM / YYYY
- ☐ OB - Under 16 weeks
- ☐ OB - 18-20 weeks
- ☐ OB - Fetal Growth
- ☐ OB - High Risk
- ☐ Biophysical Profile (BPP)
- ☐ Nuchal Translucency-IPS (11-14 weeks)

BREAST ULTRASOUND
☐ R ☐ L ☐ Bilateral



Clinical History Requested

☐ WSIB ☐ STAT

_____ Copy To: _____
Doctor's Signature

Technician Information:

Initials:

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

OTHER LOCATION: JANE-WILSON DIAGNOSTIC SERVICES (WEST TORONTO)
Tel: 416-245-4111 Fax: 416-245-4008 www.jwdiagnostic.com info@jwdiagnostic.com

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.

INSTRUCTIONS TO PATIENT: **1. Please bring this requisition form and your Health Card to your appointment.**
2. Please arrive 15 minutes early to register.
3. Please refer to the exam preparation below.

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

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 (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 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

NO PREPARATION REQUIRED FOR THE FOLLOWING:

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

X-RAY PREPARATIONS

GENERAL X-RAY

- No preparation required

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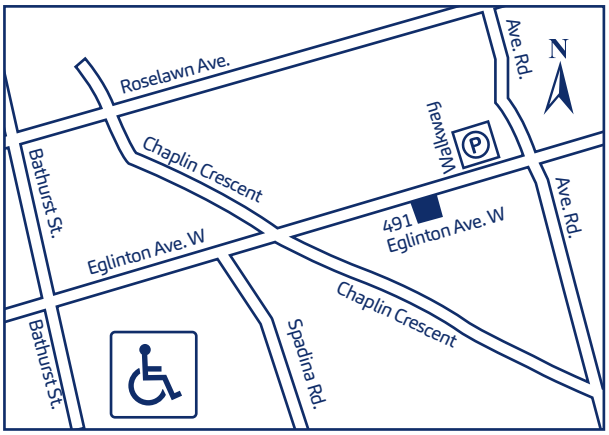

▼▼ OTHER LOCATION (WEST TORONTO): ▼▼

JANE-WILSON
DIAGNOSTIC SERVICES

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

2141 Jane St. Lower Level, Toronto, ON M3M 1A2
(South East Corner of Jane St. & Wilson Ave)

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