ALPHA DIAGNOSTIC IMAGING INC.

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Reference #:	Date of Service (D/M/Y)						
	PATIENT INFORMATION						
Last Name	First Name		Date of Birth (D/M/Y)	Sex Health Car		rd No. Version	
				Μ	F		
Address		To	wn / City	I	Postal Code	Telephone:	
PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FOR YOUR APPOINTMENT. PREPARATION INSTRUCTIONS AND MAP ARE ON THE BACK OF THIS REQUISITION							
FEMALE PATIENTS FOR X-RAY: IF YOU ARE, OR MAY BE PREGNANT, PLEASE ADVISE OUR STAFF PRIOR TO YOUR EXAM							
YOUR APPOINTMENT:	Date (D/M/Y) Time						
X	-RAY (No Appoir	ntment R	lequired)			BONE MINERAL	DENSITY
ABDOMINAL	CHEST	UPPER EXTR	EMITIES LOWE		MITIES	(No Appointment I	Required)
🗅 KUB	Chest PA & LAT		Shoulder 🛛 R	🗆 L Hip	b	Dual Site (Spin	e / Hin)
Two Views	Chest PA Ins & Exp			L Fer	-	Base Line	(c / mp)
HEAD & NECK	Chest PA			L Kne		1st Follow-up —	3 yrs
Sinuses	Sternum				bia & Fibula	Low Risk — 5 yrs	
Skull	S-C Joints				-	□ High Risk — 1 yr	J
Sella Turcica	R L Ribs & Chest PA						$ \longrightarrow $
Facial Bones				L Cal	lcaneus		
 Nose Mandible 	SPINE & PELVIC				es		
T-M Joints	Cervical SpineThoracic Spine		•				
Adenoids	Lumbar Spine		2 /		No.12345		
Mastoids	Sacrum & Coccyx	SKELETAL SU	• 11	ΝŇ			
Neck for Soft Tissue	S-I Joints	Arthritic	\checkmark		<i>Y</i> \	PREGNANCY F	RELEASE
Orbits	Pelvis (One View)	Metastatic		~ /	Fritz	I declare to the best of m	w knowledge
Orbits — Pre-MRI	R L Pelvis & Hip	Bone Age	No.1 2	2345		that I am <u>NOT</u> presently	
OTHER EXAMINATIONS	OR VIEWS:				J	Signature:	
ULTRASOUND (By Appointment)							
OBSTETRICAL AE	BOMINAL PELVIC	SMALL PAF		ULOSKEL		BREAST UL	TRASOUND
	Gall Bladder Transabdon						(
Routine 18-20 wks						((
Growth	Kidneys PROSTATE	Neck	D ^{IU} □ R □ L Elb □ R □ L Wri		R □ L Ankle R □ L Foot		
Biophysical Profile	Liver D Transabdom	n. 🛛 Thorax			$R \square L$ Achilles	R	L
•	Spleen D Transrectal	Scrotum			R L Ham Str	D Doutino L	lltrasound
-	Urinary Tract	Other			R L Inguinal		alpable Mass
Complications	Other				R 🗆 L Other	Other	
OTHER EXAMINATIONS:							J
CLINICAL INFORMATION (Please Provide)							
REFER	RING PHYSICIAN			SPEC	IAL INS	TRUCTIONS	
NAME:			Copy to:				
ADDRESS:							
ADDILLOO.							
SIGNATURE:	DATE:						
ADI (RF-DM) Requisition Form (Dor	n Mills)/Version 1.0/01-02-2013						Page 1 of 2



PATIENT PREPARATION INSTRUCTIONS

WARNING:

Female patients for X-ray - if you are, or may be pregnant, please let us know before your X-Ray is taken.

□ 1. GENERAL NOTES:

- Please bring your health card and this requisition with you.
- Please arrive on time for your appointment.
- If you must cancel, call early, at least 24-48 hours prior to your appointment to benefit others in urgent need.
- If you are late for your appointment or not fully prepared, your examination may be delayed or rescheduled.
- If you weigh over 300 lbs please ask if there are any procedural limitations.
- Unless instructed by your physician, do not stop taking your normal medications.
- Dress comfortably (no jewelry and no metal / plastic clips).
- Preparation instructions below apply to **most adult** patients.
- · Avoid misunderstandings, know your examination when booking appointments and follow preparation instructions accordingly.

EXAMINATIONS LISTED BELOW REQUIRE AN APPOINTMENT

2. ABDOMINAL ULTRASOUND:

- Test takes 20-40 minutes: Kidneys/ Gall bladder/ Liver/ Spleen/ Pancreas. (Please also see # 1 General Notes above)
- MORNING Exam: Nothing to eat or drink for 8-10 hours. Avoid gas producing products the night before.
- AFTERNOON Exam: Early light breakfast, but no dairy/ fat or gas producing products for 8 hours and no eating for 6 hours.

3. PELVIC or OBSTETRICAL ULTRASOUND:

Test takes 20-40 minutes. Drink 40 oz (5 large glasses/ 1.5 litres) of water. Start drinking 90 minutes before and complete 60 minutes before (water/ juice/ black tea or coffee). You need a full bladder. Do not void until after the examination. (Please also see # 1 General Notes above))
 Note: If you are booking a "transvaginal" examination, please let us know when booking appointment.

□ 4. ABDOMINAL & PELVIC COMBINED/ URINARY TRACT ULTRASOUND

Test takes 20-40 minutes. No eating for 6 hours and no fat, dairy or gas producing products for 8-10 hours (ask if there are any exceptions).
 Also, drink 40 oz (5 large glasses/ 1.5 litres) of water, 60 minutes prior to examination. You need a full bladder. Do not void until after the examination. (Please also see #1 General Notes above)

5. ULTRASOUND OF SCROTUM, THYROID, BREAST AND MUSCULOSKELETAL

• Test takes 30-60 minutes. No special preparation. (Please also see #1 General Notes above)

6. BONE MINERAL DENSITY:

- Test takes 15-20 minutes. If you had a NUCLEAR MEDICINE scan or BARIUM test, allow one week before having this test.
- Max Wt. = 300 lbs. (Please also see Warning and #1 General Notes above)

7. BREAST ULTRASOUND

• Test takes 30-45 minutes. No special preparation. Do not use deodorant and/or powder on day of examination. (Please also see #1 General Notes above)

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FOR YOUR APPOINTMENT PLEASE CALL 24-48 HOURS IN ADVANCE IF YOU NEED TO CHANGE YOUR APPOINTMENT