ALPHA DIAGNOSTIC IMAGING INC.

2130 Lawrence Ave. E., Suite 300, Scarborough, ON M1R 3A6 Tel: (416) 321-2670 Fax: (416) 321-6591 www.alphainc.org

Reference #:	Date of Service (D/M/Y)								
	PATIENT INFORMATION						_		
Last Name	First Name		Date of Birth (D/M/Y)		Sex Health		Health Car	d No.	Version
					М	F			
Address		To	wn / City			Post	al 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 Appoin	tment R	lequire	d)				BONE MINERAL	DENSITY
ABDOMINAL	CHEST	UPPER EXTR	EMITIES	LOWER		REMIT	ES	(No Appointment I	Required)
L KUB	Chest PA & LAT		Shoulder			Hip		Dual Site (Spin	e / Hin)
Two Views	Chest PA Ins & Exp	QRQL (Clavicle					Base Line	(c / mp)
HEAD & NECK	Chest PA	$\Box R \Box L A$						1st Follow-up —	3 yrs
Sinuses	Sternum		•				Fibula	Low Risk — 5 yrs	
Skull	S-C Joints					Ankle		High Risk — 1 yr	J
 Sella Turcica Facial Bones 	 R I L Ribs & Chest PA Immigration 					Foot Calcan	0.110		
	SPINE & PELVIC						eus		
Mandible	Cervical Spine					1000			
T-M Joints	Thoracic Spine		•	_ ³		NI 1	2345		
Adenoids	Lumbar Spine		Digit	ńΛ	٩	INO. I 	2345		
Mastoids	Sacrum & Coccyx	SKELETAL SU	JRVEY	_ V V	V	l	~ \		
Neck for Soft Tissue	S-I Joints	Arthritic	5	\sum		ľ		PREGNANCY F	RELEASE
Orbits Orbits	Pelvis (One View)	Metastatic			1	Ē	15453	I declare to the best of m	
Orbits — Pre-MRI	🗆 R 🗆 L 🛛 Pelvis & Hip	Bone Age		No.1 2	345	1	2345	that I am <u>NOT</u> presently	pregnant.
OTHER EXAMINATIONS O								0'anatan	
								Signature:	
ULTRASOUND (By Appointment)									
OBSTETRICAL ABI	DOMINAL PELVIC	SMALL PAF	RTS	MUSCU	LOSK	ELETA	L	BREAST UL	TRASOUND
0	Gall Bladder 🛛 Transabdom	,		I Shou	ılder		L Knee		
□ Routine 18-20 wks □	•	-	oid	L Elbov			L Ankle	(\diamond)	φ-)
	Kidneys PROSTATE	Neck		L Wrist	t		L Foot	R	1
 Biophysical Profile High Risk 	Liver Transabdom Spleen Transrectal	. Thorax Scrotum					L Achilles	s Tendon	-
	Urinary Tract	Other					L Ham St		alpable Mass
-	Other						L Inguina	Other	
OTHER EXAMINATIONS:							L Other	_ • • • • •	
CLINICAL INFORMATION (Please Provide)									
REFERI	RING PHYSICIAN			5	SPE	CIA	LINS	TRUCTIONS	
NAME:			🗆 Co	py to:					
ADDRESS:			🗖 Ve	erbal:					
SIGNATURE:	DATE:			ner:					
ADI (RF-L) Requisition Form (Lawren	nce)/Version 1.1/01-02-2013								Page 1 of 2

OUR DIRECTIONS



Alpha Diagnostic Imaging

We are located at 2130 Lawrence Ave. East, Suite 300, Scarborough (North West Corner of Lawrence Ave. E. and Birchmount Road). Entrance to Medical Centre at Howden Road

Laboratory Services also available

Ample Free Parking

TELEPHONE: (416) 321-2670

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