



Our Radiologists

- Dr. J. Walker
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Port Hope
T. 905-885-9839
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T. 613-968-5539
F. 613-968-4650

Request an Appointment Online: www.bluewaterimaging.ca

Please arrive 15 minutes prior to the appointment and bring this REQUISITION and your HEALTH CARD with you.

SEE MAPS & PREPARATION INSTRUCTIONS ON THE BACK ->

PATIENT INFORMATION

Last Name: First Name:
Address: City: Postal:
Date of Birth: Sex: Phone/Cell:
Health Card #: # # # # - # # # - # # # - V V

APPOINTMENT Date / Time

Appt. Date: DD / MM / YYYY
Appt. Day: Mon Tue Wed Thu Fri
Appt. Time:
Please provide 24 hours notice of cancellation. \$50 may be applied for missed appointments with no notice. Late arrivals may be re-scheduled

ULTRASOUND

Port Hope Clinic Only

Doppler Vascular

- 200 Carotids
201 Peripheral Arterial Upper
202 Peripheral Arterial Lower
203 Peripheral Venous Lower
204 Peripheral Venous Upper
205 Renal Arteries
245 Echocardiogram
Holter 275 24h 276 48h 277 72h

General

- 210 Abdomen
216 Abdomen & Pelvis
227 Pelvis (incl. transvaginal unless contraindicated)
225 Pelvis (Male)
229 Prostate/Trans-rectal (PH)
230 Testes / Scrotum
234 Thyroid & Neck
235 Breast
214 Chest u/s
239 Axillary

Obstetrical

- 242 Dating
222 EFTS NT (11 - 14 wks)
217 Detailed OB Scan (18 - 20 wks)
218 Third Trimester / BPP

256 Musculoskeletal (includes x-ray of area if needed) Only Bilateral MSKs are schedule

- Shoulder Hamstring Area
A.C. Joint Hip (PH)
Elbow
250 Groin 257 Abdominal Wall (Hernia)
Knee
Ankle
Achilles tendon
Foot
Wrist
Hand

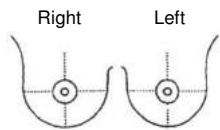
X-RAY

Port Hope Clinic Only: (By Appointment)

Mammography

- 104 OBSP \* (no underarm deodorant the day of exam)
104 Diagnostic \*
\*Bring previous films

Implants: Yes No



Bone Densitometry

- 105 Low Risk
106 High Risk

Head & Neck

- 110 Skull
111 Sinuses
112 Adenoids
113 Neck Soft Tissues
114 Mastoids
115 Facial Bones
116 Nasal Bones
117 Orbits
118 Mandible
119 T.M. Joints

Abdomen

- 120 Plain Film (K.U.B.)
121 Acute (3 views)

Chest

- 122 Chest
123 Chest Visa
124 R L Ribs & Chest
125 Sternum
126 Sterno-Clavicular Joints

Upper Extremities

- R L
138 Shoulder
139 Clavicle
140 A.C. Joint
141 Scapula
142 Humerus
143 Elbow
144 Forearm
145 Wrist & Hand
147 Scaphoid
148 Fingers # 1 2 3 4 5



Lower Extremities

- R L
149 Hip
150 Femur
151 Knee
152 Tibia & Fibia
153 Ankle
154 Ankle w/ Stress Views
155 Foot
156 Os Calcis
157 Toes No. 1 2 3 4 5



Spine & Pelvis

- 127 Cervical Spine
128 Thoracic Spine
129 Scoliosis Series
130 Lumbo-Sacral Spine
131 L/S Spine, Pelvis & SI Joints
132 Sacrum & Coccyx
133 SI Joints
134 Pelvis & Hips

Skeletal Survey

- 135 Metastatic Series
136 Arthritic Series
137 Bone Age

Pregnant Y N

Relevant History, Physical Findings, and Provisional Diagnosis

Referring Physician

STAT

VERBAL

Doctor's Name Doctor's Signature OHIP Provider ID
Phone Fax Date Issued
Address
Copy to: First Name Last Name Fax Number

For Office Use Only

Patient ID:

Accession #: # # # # # # # # # #
Accession #: # # # # # # # # # #

H/C MD Billings PACS Scan

If you are unable to keep your appointment, please give 24 hours notice

## ULTRASOUND

### Transrectal:

- 1) Purchase a FLEET ENEMA from a pharmacy. Follow the instructions in the package. Take the ENEMA 2 hours before the appointment time.
- 2) Drink 4 large glasses (32 oz/1 litre) of water **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom until after the examination is complete.

**Prostate:** Drink 4 large glasses (32 oz/1 litre) of water **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom until after the examination is complete.

**Abdomen** Includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS, and AORTA:

MORNING APPOINTMENT (BEFORE 1PM): No solid foods or liquids after midnight. You are required to have an empty stomach.

AFTERNOON APPOINTMENT (AFTER 1PM): You may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch as you are required have an empty stomach.

**Pelvis or Obstetrical:** Drink 4 large glasses (32 oz/1 litre) **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom. You may eat regularly.

### Abdomen and Pelvis / Prostate OR Renal Arteries:

Preparation same as **Abdomen**. Drink 4 large glasses of water (32 oz/1 litre) **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom until after the examination is complete.

### Musculoskeletal Ultrasound, Transvaginal Ultrasound, Breast Ultrasound, Echocardiogram (heart), Thyroid (neck), Doppler:

No preparation necessary

## X-RAY

**X-Ray** – If there is a possibility you may be pregnant, please contact your physician prior to the X-Ray.

**Mammography:** On the day of the exam: After showering, do not use deodorant, antiperspirant or talcum powder under the arms or on chest, as these particles may show up on the mammogram. Please wear a 2-piece outfit for your comfort.

**Bone Mineral Densitometry:** No preparation necessary

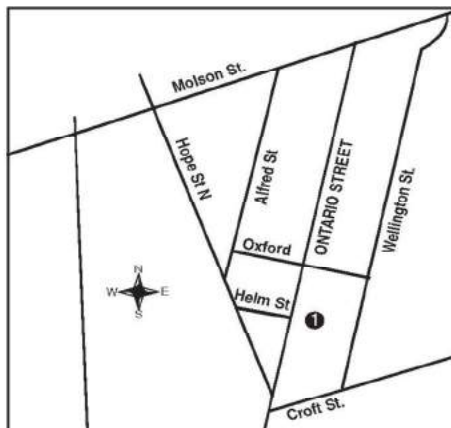
For Office Use

Code	Description	Tech Initials

### Port Hope Clinic

Suite 110-249 Ontario St. Port Hope, ON L1A 3Y9

Hours: Mon-Thur 8-5, Fri 8-3:30



① Port Hope Clinic

### Belleville Clinic

301-210 Dundas St. E, Belleville, K8N 5G8

Hours: Mon-Fri 8 – 4:30



② Belleville Clinic

Patients who do not speak English must be accompanied by a translator.

This requisition can be taken to any licensed facility providing healthcare services. For more info, visit: <http://www.health.aov.on.ca/en/public/programs/hhf/default.aspx>