Alliston Diagnostic Centre

117 YOUNG STREET, UNIT 21, ALLISTON, ONTARIO L9R 0E9

TEL: 705-434-0074
FAX: 705-434-9074

PATIENT INFORMATION

LAST NAME | FIRST NAME

ADDRESS

TELEPHONE | DATE OF BIRTH | SEX ☐ M ☐ F

HEALTH CARD NUMBER | VERSION CODE

APPOINTMENT

APPOINTMENT | TIME

MISSED APPOINTMENTS WILL RESULT IN A SCHEDULING FEE.

REFERRING PHYSICIAN

SIGNATURE

PHYSICIAN'S STAMP or PRINT NAME

BILLING #

COPY TO

CLINICAL INFORMATION

☐ Test Requested: _____

You can write in the test name if desired.

CONSULTS

☐ First Available Specialist ☐ Cardiology

☐ Internal Medicine ☐ Other

DIGITAL X-RAY - WALK-IN

Chest

☐ Chest PA & LAT
☐ Sternum
R ☐ L ☐ Ribs & Chest PA
R ☐ L ☐ Sternoclavicular Joints

Abdomen

☐ KUB (1 View)
☐ Acute (2 Views)

Head & Neck

☐ Soft Tissue Neck
☐ Skull
☐ Sinuses
☐ Orbits (☐ MRI)
☐ Facial Bones
☐ Nose
☐ Mandible
☐ T.M. Joints
☐ Adenoids

Upper Extremities

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	A.C. Joint
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Fingers

No. T 2 3 4 5

Skeletal Survey

☐ Metastatic Series
☐ Bone Age

☐ Other:

Lower Extremities

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tibia & Fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes

No. 1 2 3 4 5

Spine & Pelvis

☐ Cervical
☐ Thoracic
☐ Lumbosacral
☐ Sacrum & Coccyx
☐ Sacro-Iliac Joints
☐ Pelvis & Hips

MUSCULOSKELETAL ULTRASOUND

By Appointment Only

R	L	Upper Extremities
☐	☐	Shoulder
☐	☐	Arm
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Hand

R	L	Lower Extremities
☐	☐	Hip
☐	☐	Thigh
☐	☐	Knee
☐	☐	Calf
☐	☐	Ankle
☐	☐	Achilles Tendon
☐	☐	Foot

☐ Other: _____

CARDIAC

☐ Echo
☐ Stress Test
☐ ECG
☐ Holter
24H 48H 72H 7D 14D

VASCULAR DOPPLER

By Appointment Only

☐ Leg Arterial Doppler
☐ Leg Venous Doppler
☐ Carotid Duplex
☐ Arm Arterial Doppler
☐ Arm Venous Doppler
☐ Aorta
☐ Diabetic Foot Screening (Risk Assessment)
☐ Vascular Screening (Carotid, Aorta, & Legs)

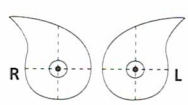
ULTRASOUND - BY APPOINTMENT ONLY

General

☐ Abdomen
☐ Pelvic
☐ Pelvic & Transvaginal
☐ Testes / Scrotum
☐ Hernia
☐ Kidney +/- Bladder

Obstetrical

☐ Nuchal Translucency (11 - 13 wks+6 days)
☐ U/S for Dating
☐ Anatomic
☐ LMP _____
Est. Gestational Age
_____



Other

☐ Thyroid
☐ Soft Tissue
☐ Other: _____
R ☐ L ☐ Breast

NUCLEAR MEDICINE - BY APPOINTMENT ONLY

☐ Bone Scan
☐ Thyroid Uptake and Scan
☐ Thyroid Scan Only
☐ Renal GFR
☐ HIDA (Hepatobiliary)
☐ Gastric Emptying
☐ Parathyroid
☐ **Other** _____

NUCLEAR CARDIOLOGY

☐ MUGA
☐ Myocardial Perfusion
☐ Exercise ☐ Persantine
BP and Cardiac Meds
☐ Take ☐ Stop

*** Please see preparation info on back for all tests ***

**** Child care is required during your examination ****

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHF's.

PATIENT PREPARATION INSTRUCTIONS

Please arrive 10 minutes early for your appointment and bring your **Health Card, this form**, and a **current list of any medications** you are taking.

Please provide 24 hours advance notice if you are unable to keep your appointment.

GENERAL ULTRASOUND EXAMINATIONS

❑ ABDOMEN

- Nothing to eat or drink for six (6) hours prior to examination. Medication may be taken with a sip of water.

❑ OBSTETRICAL ❑ PELVIC

- A FULL bladder is necessary for the examination. Do not void.
- FINISH drinking 40 fluid ounces or 1 litre of water (5 glasses of 8 oz. or 227 mL) 1 hour before your examination.

❑ COMBINATION OF ABDOMEN & PELVIC

- Nothing to eat for six (6) hours but FINISH drinking 40 fluid ounces or 1 litre of water (5 glasses of 8 oz. or 227 mL) 1 ½ hours before your examination.
- Do not void.

❑ ALL OTHER ULTRASOUND / DOPPLER EXAMINATIONS

- No preparation required.

NUCLEAR MEDICINE EXAMINATIONS

*** Please note that a $50.00 fee will apply to patients who are unable to provide 24 hours advance notice of cancellation.**

**** Please bring a current list of medications to your appointment.**

❑ THYROID UPTAKE

- **Check with your Physician** regarding discontinuation of thyroid medication and supplements.
- Nothing to eat or drink for two (2) hours prior to examination.
- Avoid iodine-based contrast agents (ie. "X-Ray dye") for three (3) weeks prior to examination.

❑ HIDA (HEPATOBILIARY) SCAN

- Nothing to eat or drink for four (4) hours prior to examination.
- Do not take any Opioid medications for at least four (4) hours prior to examination.

❑ GASTRIC EMPTYING SCAN

- Nothing to eat or drink after midnight prior to examination.

❑ RENAL SCANS

- Drink four (4) glasses of water one (1) hour prior to examination. You may use the washroom as needed.
- For Renal Captopril:
  - **Check with your Physician** regarding discontinuation of blood pressure medication.
  - Nothing to eat for four (4) hours prior to examination.

VASCULAR DOPPLER

❑ AORTA, LOWER ARTERIAL & VASCULAR SCREENING

- Nothing to eat or drink for six (6) hours prior to examination (No chewing gum, candy or smoking). Medication may be taken with a sip of water.

X-RAY

- No preparation required.

NUCLEAR CARDIOLOGY

*** Please note that a $100.00 fee will apply to patients who are unable to provide 24 hours advance notice of cancellation or to patients who did not follow preparation instructions.**

**** Please bring a current list of medications to your appointment.**

❑ MYOCARDIAL PERFUSION

- **Check with your Physician** regarding discontinuation of heart, blood pressure and erectile dysfunction medications.
- **Do not have any caffeine** for 24 hours prior to examination ***(including ALL types of coffee, tea, "decaf" products, soda, chocolate, energy drinks and medications containing caffeine)***.
- You may have a light meal up to one hour prior to the examination.
- No dairy or high fat foods or drinks after midnight prior to examination.
- Do not apply lotions to your abdomen or chest the day of the examination.
- For exercise: bring or wear comfortable shoes and clothing.
- Please note that this examination takes approximately four (4) hours.

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