WCHI
WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

76 Grenville Street, Toronto, ON M5S 1B2

DEPARTMENT OF MEDICAL IMAGING

GENERAL INQUIRES: 416-323-6080
ULTRASOUND: Fax: 416-323-6311 Tel: 416-323-6400 ext. 4829
BREAST IMAGING: FAX : 416-323-6316 Tel: 416-323-6400 ext. 3080
GENERAL RADIOLOGY: FAX : 416-323-6316 Tel: 416-323-6400 ext. 3220

Patient Name: _____
Address: _____
_____
Tel: _____
Business Tel: _____
OHIN: _____
DOB: _____ / ____ / _____
YYYY / MM / DD

For Registration:
Breast Imaging 5th Floor
General Radiology, Ultrasound (other than Breast)
2nd Floor

Referring Physician Name:
(Please print) _____
Address: _____
_____
Tel: _____ **Fax:** _____
Appointment Date/Time: _____
☐ **Urgent** ☐ **Routine** ☐ **Verbal**

ULTRASOUND

- ☐ Abdominal Ultrasound
- ☐ Transvaginal Ultrasound
- ☐ Sonohysterogram
- ☐ Pelvic Ultrasound
- ☐ NT Scan
- ☐ Obstetrical Ultrasound
- ☐ Anatomic Scan
- ☐ MSK
- ☐ NT Scan (11-14 weeks) + Anatomic Scan (18-20 weeks)
  (Anatomic exam will be booked at the time of NT exam)
- ☐ Dating / NT (if GA appropriate)
- ☐ Assessment of fetal growth
- ☐ Biophysical Profile
- ☐ Cervix check ☐ Other: _____
- ☐ Thyroid/Neck ☐ Scrotum
- ☐ Doppler (Venous only), extremity:
  _____
- ☐ Other: _____

X-Ray

ABDOMEN:
- ☐ Single
- ☐ 2 Views

HEAD & NECK:
Neck or Soft Tissues
- ☐ Orbits pre MRI
- ☐ Other: _____
_____
_____

SPINE & PELVIC:
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum
- ☐ Coccyx
- ☐ SI Joint
- ☐ Pelvis
- ☐ Pelvis & Hips
- ☐ 3 Foot Spine
- ☐ Skeletal Survey
- ☐ Other:_____

CHEST:
- ☐ Chest PA & LAT
- ☐ Chest PA-Immigration
- ☐ Ribs R L Bil
- ☐ Sterno-Clavicular JTS.
- ☐ Sternum
- ☐ **Other:** _____
_____

☐ Hysterosalpingograms by appt. only

UPPER EXTREMITIES:

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

LOWER EXTREMITIES:

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tib, & Fib
☐	☐	Ankle
☐	☐	Foot
☐	☐	Toe 1 2 3 4 5
☐	☐	Calcaneus

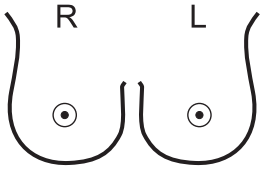
- ☐ 3 feet or 4 feet leg
- ☐ Other: _____
_____

BREAST IMAGING - By appointment only

☐ Mammogram:	Bil	R	L
☐ Breast Ultrasound:	Bil	R	L
☐ Axilla Ultrasound:	Bil	R	L
☐ Stereotactic Core BX:	Bil	R	L
☐ U/S Core BX:	Bil	R	L
☐ Galactography:	Bil	R	L

- ☐ Consultation/Review of Outside Films
- ☐ Pre-Op Localization
  Previous Mammogram & Ultrasound ☐ Yes ☐ No
  When & Where: _____
  Surgery Date and Time: _____

CLINICAL INFORMATION:



PHYSICIAN'S SIGNATURE: _____ **BILLING NUMBER:** _____

PLEASE SEE PREPARATION ON REVERSE SIDE
INCOMPLETE REQUISITIONS WILL CAUSE A DELAY IN SERVICE

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DEPARTMENT OF MEDICAL IMAGING

PATIENT IDENTIFICATION

ULTRASOUND-PATIENT PREPARATION GUIDELINES

Abdomen
· Morning appointments: fast from midnight
· Afternoon appointments: fast following a light fat-free breakfast at 0700 hours (e.g. dry toast and juice)

Combined abdomen and pelvis or abdomen for blood in urine
· Fast (as described above) AND refrain from voiding for 2 hours prior to the examination

Pelvis (non-pregnant female or male)
· Follow a normal diet and refrain from voiding for 2 hours prior to the examination.
· Females declining Transvaginal (TV) examination may have to drink fluids in order to sufficiently distend their bladders for a trans-abdominal pelvic examination.

Pregnancy (Obstetrical)
· Eat and drink normally. *You are not required to drink extra fluids before your ultrasound.* Do not empty your bladder for one hour before your exam.

Hysterosonogram: please inform booking person of the first day of your last period
· If no previous WCH /MSH/UHN pelvic imaging refrain from voiding two hours prior to examination.
· If premenopausal (having periods) or postmenopausal on sequential hormone replacement (you have regular period-like bleeding), your exam should be done between day 6 and day 10 of your menstrual cycle.
· If postmenopausal and do not have periods, your test can be done at any time.
· Take manufacturers recommended dose of ibuprofen (Advil or Motrin) or any other pain medication you normally take for menstrual pain 30 minutes prior to the scheduled examination time.

No special preparations are required for the following examinations:
· Leg and arm Doppler
· Thyroid
· Testicular (scrotal)

ACCREDITED BY CANADIAN ASSOCIATION OF RADIOLOGISTS
ONTARIO BREAST SCREENING PROGRAM (OBSP) SITE

BREAST IMAGING-PATIENT PREPARATION GUIDELINES

On the day of examination, after showering, DO NOT use deodorant, anti-perspirant, or talcum powder on underarms or on chest. The particles on these products may show up on the mammogram causing false findings. Please wear a 2 piece outfit for comfort.

BREAST ULTRASOUND
On the day of examination, after showering, DO NOT use deodorant, anti-perspirant, or talcum powder on underarms or on chest. Please wear a 2 piece outfit for comfort.

BIOPSY, ASPIRATION AND GALACTOGRAPHY
Please call 416-323-6400 ext. 4315; 4512 for further instructions.