Midland-Ellesmere
X-RAY, ULTRASOUND, CARDIAC TESTING

THYROID DIAGNOSTIC ASSESSMENT UNIT (DAU)

Phone: (416) 296-1911
Fax number: (416) 296-1910
Email: info@midlandandxrayultrasound.com
Website: www.midlandxrayandultrasound.com

PATIENT INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ TOWN/CITY _____ POSTAL _____

TEL 1 _____ TEL 2 _____ EMAIL ADDRESS _____

DATE OF BIRTH ☐☐ ☐☐ ☐☐☐☐ (DAY / MONTH / YEAR) HEALTH CARD # ☐☐☐☐-☐☐☐-☐☐☐-☐☐ (VERSION) ☐ MALE ☐ FEMALE ☐ OTHER

REFERRING PHYSICIAN ☐ STAT ☐ VERBAL

NAME OF DOCTOR _____ DOCTOR'S SIGNATURE _____

PHONE _____ FAX _____ EMERGENCY CONTACT # _____

OHIP BILLING # _____

☐ COPY TO: _____ (NAME) _____ (FAX #)

APPOINTMENT DATE / TIME

APPT. DATE ☐☐ (DAY) ☐☐ (MONTH) ☐☐☐☐ (YEAR)

APPT. TIME _____

*** please provide 48 hours notice for cancellation**

☐ DIAGNOSTIC ASSESSMENT UNIT (COMPREHENSIVE PATHWAY)

- Thyroid and Neck Ultrasound
- Arrange Required Follow up of Ultrasound Findings (As Per TI-RADS)
- Arrange Required Biopsy For Suspicious Thyroid Nodules (As Per TI-RADS)
- Arrange ENT Referral For Patient Based On: Bethesda Criteria, TI-RADS, Clinical Indication, Referring Physician Or Patient Request (Copy Of ENT Referral Will Be Sent To Referring Physician)

THYROID AND NECK ULTRASOUND, THYROID FNA BIOPSY (INDIVIDUAL TESTING)

☐ Thyroid and Neck Ultrasound ☐ Nodule(s) To Be Biopsied:

☐ Thyroid FNA _____

_____

CLINICAL INFORMATION

Clinical History: _____

_____

_____

_____

RISK FACTORS FOR THYROID CANCER:

☐ Previous History of Head and Neck Radiation
☐ Previous History of Thyroid Cancer
☐ Family History of Thyroid Cancer

TSH Level Required Within 6 Months for FNA: _____ (Or Attach Results)

TI-RADS RECOMMENDATIONS

0 Points

TR1
Benign
No FNA

2 Points

TR2
Not Suspicious
No FNA

3 Points

TR3
Mildly Suspicious
FNA if ≥ 2.5cm
Follow if ≥ 1.5 cm

4-6 Points

TR4
Moderately Suspicious
FNA if ≥ 1.5 cm
Follow if ≥ 1 cm

7 Points or More

TR5
Highly Suspicious
FNA if ≥ 1 cm
Follow if ≥ 0.5 cm

PREPARATION INSTRUCTIONS

☐ **THYROID AND NECK DIAGNOSTIC ULTRASOUND**
Please come in 30 minutes prior to your appointment time and wear loose fitting clothing with no jewellery around the neck

☐ **THYROID FNA OR BIOPSY**
- Please wear loose fitting clothing with no jewellery around the neck
- Please bring a list of your current medications, supplements and a list of your allergies with you.
- Please come 45 minutes before your procedure time.

CLINIC LOCATION & HOURS

2025 Midland Avenue
Suite 200, 2nd Floor,
Scarborough, ON, M1P 3E2
Tel: (416) 296-1911 Fax: (416) 296-1910

CLINIC HOURS:
Mon. to Fri. 8:00am – 6:30pm
Saturday 9:00am - 5:30pm

X-RAY HOURS:
Mon. to Fri. 9:00am – 6:00pm
Saturday 9:30am - 3:30pm

This requisition form can be taken to any licensed facility providing healthcare services.