

2025 Midland Avenue, Suite 200, 2nd Floor, Scarborough, ON • M1P 3E2  
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**Phone: 416-296-1911 • Fax: 416-296-1910**

**FREE Underground Parking**

Wheel chair accessible - Online Requisition Submission



**URGENT EXAMINATION REQUESTS AND REPORTS WILL BE COMPLETED SAME DAY OR WITHIN LESS THAN 24 HOURS.**

**PATIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Town/City \_\_\_\_\_ Postal \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Health Card # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Male  Female

**APPOINTMENT DATE/TIME**

Appt. Date \_\_\_\_\_  
 DAY MONTH YEAR  
 Appt. Time \_\_\_\_\_  
 \*Please provide 48 hours notice of cancellation

**X-RAY** \*no appointment or preparation required \*please advise staff prior to your exam if you are or may be pregnant.

**HEAD + NECK**

- Sinuses
- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Adenoids
- Neck for Soft Tissue
- Orbits
- Orbits - Pre-MRI

**ABDOMINAL**

- KUB
- Acute Abdomen

**CHEST**

- Chest PA
- Chest PA + LAT
- Chest PA Ins + Exp + LAT
- Sternum
- SC Joint
- R Ribs + Chest PA
- L Ribs + Chest PA
- Immigration

**SPINE + PELVIC**

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Lateral Thoracic + Lumbar Spine (> 20% compression fractures)
- Sacrum + Coccyx
- S-I Joints
- Pelvis (One View)
- R Hip + Pelvis
- L Hip + Pelvis

**SKELETAL SURVEY**

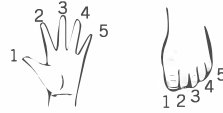
- Arthritic
- Metastatic
- Bone Age

**CLINICAL HISTORY / OTHER OR VIEWS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UPPER EXTREMITIES**

- R  L Shoulder
- R  L Clavicle
- AC Joints
- R  L Scapula
- R  L Humerus
- R  L Elbow
- R  L Forearm
- R  L Wrist
- R  L Scaphoid
- R  L Hand
- R  L Digit



**LOWER EXTREMITIES**

- R  L Hip
- R  L Femur
- R  L Knee
- R  L Tibia + Fibula
- R  L Ankle
- R  L Foot
- R  L Calcaneus
- R  L Toes

**ULTRASOUND** \*by appointment & see preparations at back

**OBSTETRICAL**

- Complete Obstetrical (18-20 weeks)
- Dating (6-12 weeks)
- High Risk
- Complications
- IPS (Nuchal Translucency) (11-14 weeks)
- Biophysical Profile
- 3D Obstetric Ultrasound (not covered by OHIP)

**PELVIC**

- Transabdominal
- Transvaginal
- 3D Transvaginal Ultrasound
- 3D Hysterosonogram

**ABDOMINAL**

- Abdominal
- Abdomen + Pelvis

**CLINICAL HISTORY/OTHER:**

\_\_\_\_\_

**PROSTATE (incl. Kidneys + Bladder)**

- Transabdominal
- Transrectal

**SMALL PARTS**

- Parathyroid
- Thyroid
- Scrotum

**MUSCULOSKELETAL**

- R  L Shoulder
- R  L Elbow
- R  L Wrist
- R  L Knee
- R  L Foot
- R  L Achilles Tendon
- R  L Hamstring
- R  L Lumps/Masses

**VASCULAR ULTRASOUND + CARDIAC TESTING** \*by appointment and see preparations at back

**HEAD + NECK**

- Carotid & Vertebral Arteries
- Carotid Intimal Thickness
- Transcranial Doppler
- Stroke/TIA Protocol
- (Transcranial Doppler, Carotid, Echocardiogram)

**CARDIAC TESTING** (Accredited by CorHealth Ontario)

- Echocardiography
- INDICATIONS:**
  - LV Function
  - Arrythmia
  - Hypertension
  - Murmur
  - Chest Pain
  - Syncope
  - SOB
  - Other

**ABDOMEN**

- Renal Arteries
- Abdominal Aorta
- Mesenteric Arteries

**EXTREMITIES (Peripheral Arterial)**

- Arm  Leg (ABI)

**EXTREMITIES (Peripheral Venous)**

- Arm
- Leg: Superficial Venous (Varicose Veins)
- Leg: Deep Venous System (DVT)
- Dialysis Fistula or Graft
  - R  L Arm
  - R  L Leg

**CLINICAL HISTORY/OTHER:**

\_\_\_\_\_

**BREAST IMAGING** \*by appointment, and see preparations at back

- OBSP Screening
- Diagnostic Mammogram

**Ultrasound**

- Bilateral
- Right
- Left
- Implants

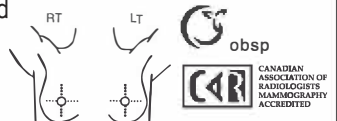
Contact patient directly if more views required

Previous:  YES  NO

When: \_\_\_\_\_

Where: \_\_\_\_\_

Clinical History: \_\_\_\_\_



**REFERRING PHYSICIAN** ■ STAT ■ VERBAL + CLINICAL HISTORY REQUESTED

Name of Doctor \_\_\_\_\_ Doctor's Signature \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax/Emergency Tel. \_\_\_\_\_  
 **COPY TO:** \_\_\_\_\_  
 NAME FAX#  
 Request CD Follow-up Frequency: \_\_\_\_\_

**BONE MINERAL DENSITY (DEXA)**

\*walk-ins welcome, appointment preferred

BMD in accordance with Ministry of Health ordering guidelines

Accredited By:

Clinical History: \_\_\_\_\_

# PATIENT PREPARATION INSTRUCTIONS

**ULTRASOUND PREPARATIONS**

**ABDOMEN, ABDOMINAL AORTA, RENAL ARTERIES**  
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required).

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**PELVIC ONLY - FEMALE & MALE**  
One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

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**PROSTATE-TRANSRECTAL**  
The evening before the examination, take a fleet enema (purchased at the drug store). One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

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**ABDOMEN & PELVIC - SAME VISIT**  
Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. One hour prior to the exam drink 4 cups of water (total 32 oz). Do NOT empty bladder.

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**PREGNANCY**  
One hour prior to the exam, drink the required amount of water:  

under 12 weeks	4 cups (32 oz)
12-24 weeks	3 cups (24 oz)
over 24 weeks	2 cups (16 oz)

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**Adult Echocardiogram, Scrotum, Thyroid & Neck, Parathyroid, Salivary Glands, Neonatal Hips, Musculo-Skeletal, Cardiac Testing, Vascular Ultrasound (Head, Neck & Extremities), Mammography, BMD** No preparation required.


**APPOINTMENTS**

Please follow preparations carefully:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx 45 minutes for each exam.
- Please arrive 20 minutes prior to your schedule appointment time in order to register and to complete any necessary paperwork.
- 48 hours cancellation is required for cancellations otherwise a \$50 charge will apply.
- Reports will be sent to the referring physician with 1 to 24 hours.
- For urgent cases reports will be provided verbally and electronically within 3 hours or less.
- Ministry of Health guidelines restrict the release of reports directly to patients.

**MIDLAND-ELLESMERE X-RAY & ULTRASOUND  
SCARBOROUGH WOMEN'S IMAGING CENTRE  
SCARBOROUGH VASCULAR ULTRASOUND**

We are located on the NE corner of Midland & Ellesmere. South of Hwy 401, steps away from either the Midland RT station and close to Scarborough General Hospital. We are on the second floor of the Midland Professional building, suite 200. Free Parking is available. Snow Free driving surfaces. We are wheelchair accessible.



This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

**CLINIC HOURS:**  
**Monday to Friday: 8 AM to 6:30 PM • Saturday: 9 AM to 5:30 PM**

**WE ACCEPT WALK-IN X-RAY, BMD AND URGENT VASCULAR AND GENERAL ULTRASOUND.**