LMRC LAWRENCE & MIDLAND RADIOLOGY CENTRE

5-2683 Lawrence E, Scarborough, ON M1P 2S2
info.lmrc@torontovascular.com
Phone: 416-288-1333 | Fax: 416-288-1334

Midland-Ellesmere
X-RAY, ULTRASOUND, CARDIAC TESTING

2025 Midland Ave, Suite 200, 2nd Floor, Scarborough, ON M1P 3E2
info.me@torontovascular.com • www.midlandxrayandultrasound.com
Phone: 416-296-1911 | Fax: 416-296-1910

PATIENT INFORMATION

Last Name _____ First Name _____

Address _____ Town/City _____ Postal _____

Phone ( ) _____ Health Card # _____ - _____ - _____ - _____ VERSION

Date of Birth DAY MONTH YEAR **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

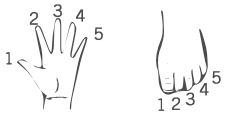
CHEST
- ☐ Chest PA
- ☐ Chest PA + LAT
- ☐ Chest PA Ins + Exp + LAT
- ☐ Sternum
- ☐ SC Joint
- ☐ R Ribs + Chest PA
- ☐ L Ribs + Chest PA
- ☐ Immigration

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 Scaphold
- ☐ 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

ABDOMINAL
- ☐ Abdominal
- ☐ Abdomen + Pelvis
- ☐ KUB
- ☐ Liver Elastography (not covered by OHIP)

PELVIC
- ☐ Transabdominal
- ☐ Transvaginal
- ☐ 3D Transvaginal Ultrasound
- ☐ 3D Hysterosonogram
- ☐ Transrectal Ultrasound (Prostate)

SMALL PARTS
- ☐ Parathyroid
- ☐ Thyroid
- ☐ Scrotum

CLINICAL HISTORY/OTHER:
_____
_____
_____
_____

OBSTETRICIAL
- ☐ Dating (6-12 weeks)
- ☐ IPS (11-14 weeks) (Nuchal Translucency)
- ☐ Anatomic (18-20 Weeks)
- ☐ BPP (Biophysical Profile)
- ☐ High Risk
- ☐ Complications
- ☐ 3D Obstetric Ultrasound (not covered by OHIP)

MUSCULOSKELETAL
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Elbow
- ☐ R ☐ L Neck
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hand
- ☐ R ☐ L Knee
- ☐ R ☐ L Foot
- ☐ R ☐ L Achilles Tendon
- ☐ R ☐ L Hamstring
- ☐ R ☐ L Lumps/Masses
- ☐ R ☐ L Hernia
- ☐ R ☐ L Axilla

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

HEAD + NECK
- ☐ Carotid & Vertebral Arteries
- ☐ Carotid Intimal Thickness
- ☐ Stroke/TIA Protocol (Carotid, Vertebral, & Echocardiogram)

ABDOMEN
- ☐ Renal Arteries
- ☐ Abdominal Aorta
- ☐ Mesenteric Arteries

EXTREMITIES (Peripheral Arterial)
- ☐ Arm ☐ Leg (ABI)

CARDIAC TESTING (Accredited by CorHealth Ontario)
- ☐ Echocardiography ♥

INDICATIONS:
- ☐ Palpitations
- ☐ Hypertension
- ☐ Murmer
- ☐ LV Function
- ☐ Arrythmia
- ☐ Vascular Heart Disease
- ☐ Cardiomyopathy
- ☐ Chest Pain
- ☐ Syncope
- ☐ SOB
- ☐ Other

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**
  - ☐ Bilateral
  - ☐ Right
  - ☐ Left
  - ☐ Implants
- ☐ Contact patient directly if more views required
- ☐ **Ultrasound**
  - ☐ Bilateral
  - ☐ Right
  - ☐ Left
  - ☐ Implants
- ☐ Other: _____

obsp

CANADIAN ASSOCIATION OF RADIOLOGISTS MAMMOGRAPHY ACCREDITED

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: CBMD

Clinical History: _____

LMRC **LAWRENCE & MIDLAND RADIOLOGY CENTRE**

Midland-Ellesmere
X-RAY, ULTRASOUND, CARDIAC TESTING

Wheelchair accessible - Online Requisition Submission

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

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).

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

☐ **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.

☐ **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.

☐ **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)

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

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

LAWRENCE & MIDLAND RADIOLOGY CENTRE

Ultrasound, X-ray and Bone Density
(No Vascular & Mammography)

MIDLAND-ELLESMERE X-RAY & ULTRASOUND

All services available.

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 scheduled 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 within 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.

LAWRENCE & MIDLAND RADIOLOGY CENTRE

We are located on the South side of Lawrence.
North of Eglinton Ave E, steps away from either Midland Lawrence Plaza
Free Parking is available. Snow Free driving surfaces.
We are wheelchair accessible.

MIDLAND-ELLESMERE X-RAY & 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.

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