HUMBER DIAGNOSTICS

CARDIOLOGY • X-RAY • ULTRASOUND

HumberDiagnosticsCenter.com
HDC@humberdiagnostics.ca

Located at North York Medical Center
1017 Wilson Avenue, Suite 100 • North York, Ontario, M3K 1Z1
Tel: 416-631-7581 **Fax:** 416-631-9759

Staff Radiologist
Dr. Jeff Grenville, MD, FRCPC

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD

PATIENT INFORMATION

PATIENT NAME: _____

DATE OF BIRTH: _____ GENDER: M/F _____

TELEPHONE (HOME/CELL) _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL: _____

HEALTH CARD: _____ VC: _____

TELEPHONE (HOME) : _____

TELEPHONE (OTHER): _____

APPOINTMENT DATE AND TIME: _____

CLINICAL INFORMATION

REFERRED BY: _____ BILLING # _____

SIGNATURE: _____ ☐ STAT VERBAL ☐

XRAY

CHEST
- ☐ Chest PA & LAT
- ☐ Chest PA Ins/ Exp & Lat
- ☐ Chest PA (Immigration)
- ☐ R ☐ L Ribs & Chest PA
- ☐ Sternum
- ☐ SC Joints

ABDOMEN
- ☐ KUB
- ☐ Acute Abdomen

UPPER EXTREMITIES
R L
- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ AC Joints
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Fingers 1 2 3 4 5

HEAD & NECK
- ☐ Sinuses
- ☐ Skull
- ☐ Sella Turcica
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ TM Joints
- ☐ Adenoids
- ☐ Mastoids
- ☐ Neck for Soft Tissue
- ☐ Internal Auditory Meati
- ☐ Orbits

LOWER EXTREMITIES
R L
- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tibia & Fibula
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Calcaneus
- ☐ ☐ Toes 1 2 3 4 5

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Scoliosis Series
- ☐ Sacrum & Coccyx
- ☐ SI Joints
- ☐ Pelvis

SKELETAL SURVEY
- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

ULTRASOUND

GENERAL
- ☐ Abdominal - Complete
- ☐ Kidney
- ☐ Pelvic - Transabdominal
- ☐ Pelvic - Endovaginal
- ☐ Prostate
- ☐ Transrectal

OBSTETRICS/GYNECOLOGY:
- ☐ 1st Trimester
- ☐ Nuchal Translucency/IPS
- ☐ 2nd/3rd trimester - Complete
- ☐ Fetal
- ☐ Placental Position
- ☐ BPP
- ☐ Hysterosonography

SMALL PARTS:
R L
- ☐ ☐ Thyroid
- ☐ ☐ Scrotal
- ☐ ☐ Neck
- ☐ ☐ Salivary
- ☐ ☐ Shoulder
- ☐ ☐ Elbow
- ☐ ☐ Wrist
- ☐ ☐ Hip
- ☐ ☐ Knee
- ☐ ☐ Ankles
- ☐ ☐ Achilles
- ☐ ☐ Plantar Fascia

Other _____

ULTRASOUND GUIDED PROCEDURES
R L
- ☐ ☐ Thyroid FNA
- ☐ ☐ Lymph Node FNA
- ☐ ☐ Bursa
- ☐ ☐ Joints
- ☐ ☐ Tendons

BREAST ULTRASOUND
- ☐ Right
- ☐ Left
- ☐ Bilateral Breast

BONE DENSITY

BONE MINERAL DENSITY DEXA: HIP & SPINE
- ☐ Baseline
- ☐ High Risk - (Annually)
- ☐ Routine - (2nd test at 3 years post baseline/subsequent testing every 5 years)

DATE OF LAST TEST: _____

ULTRASOUND PREPARATIONS

ABDOMINAL ULTRASOUND
- Fat free dinner the night before examination.
- No dairy products or fried food.
- No carbonated drinks 12 hours prior to examination.
- Nothing to eat or drink after midnight.

PELVIC/OBSTETRICAL OR TRANSABDOMINAL PROSTATE
- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, black coffee or tea).
- You must be finished drinking all 48 oz. of fluid 1 hr before examination
- **DO NOT VOID**
  A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

ABDOMINAL/PELVIC TOGETHER
- Fat free dinner the night before examination.
- Nothing to eat after midnight.
- Drink 6 large glasses (48 oz.) of clear fluids (water, juice, coffee or tea) one hour before examination).
- **DO NOT VOID**
  A full bladder is necessary for the examination.

TRANSRECTAL PROSTATE ULTRASOUND PREPARATIONS:
1) Obtain FLEET ENEMA from the lab.
2) Follow the instructions in the package.
Take the enema 2 hours before the appointment time.
3) Drink 5 glasses of water 1 hour before examination
DO NOT VOID (urinate)
until the examination is completed.

ALL OTHER TESTS - No preparation required.

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INDICATIONS/CLINICAL INFORMATION

- ☐ Chest Pain
- ☐ Shortness of Breath
- ☐ History of MI / Stroke
- ☐ Palpitations
- ☐ Heart Murmur
- ☐ Dizziness / Lightheadedness
- ☐ Syncope
- ☐ High BP
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Abnormal ECG

REFERRED BY: _____ BILLING # _____ DATE: _____

SIGNATURE: _____ ☐ STAT VERBAL ☐ MD: _____

CARDIOVASCULAR

CONSULTATIONS

- ☐ **Cardiology Consultation**
  - ☐ First available
  - ☐ Dr. Doug Ng
  - ☐ Dr. Irving Tiong
- ☐ **Electrophysiology (EP)**
  - ☐ First available
  - ☐ Dr. Doug Ng
  - ☐ Dr. Irving Tiong
- ☐ **Internal Medicine**
  - ☐ Dr. Irving Tiong

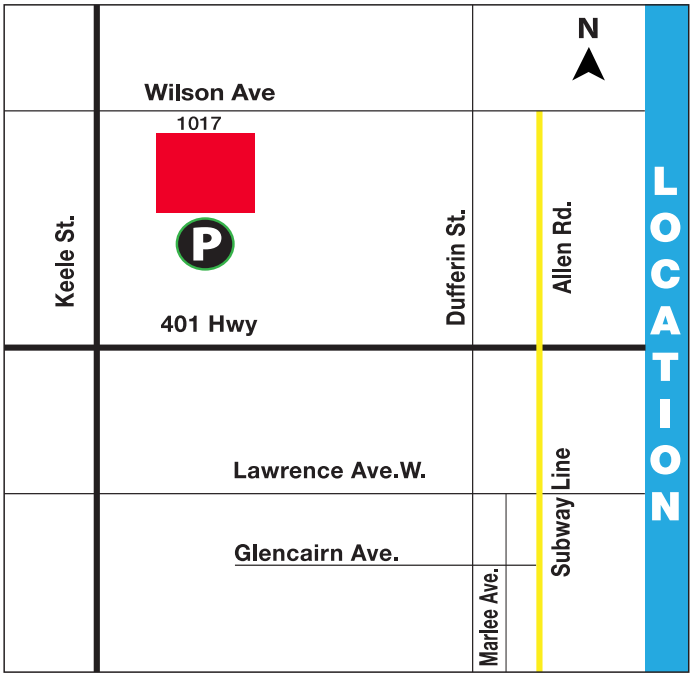
CARDIOLOGY

- ☐ Echocardiogram
- ☐ Holter Monitor 48hrs 72hrs 1wk 2wk
- ☐ Resting ECG
- ☐ Stress ECG/GXT

DIAGNOSTICS TEST PREPARATIONS

EXERCISE STRESS TEST GXT/ ECG / ECHO

- ☐ Light breakfast / lunch on the day of test
- ☐ Wear comfortable shoes, T-shirt, shorts or pants
- ☐ No smoking 1 hour prior to testing
- ☐ Bring all current medications, and check with your physician regarding the discontinuation of any related medication.



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Hours of Operation

Monday - Thurs.	8 am - 6 pm
Friday	8 am - 5 pm
Saturday	8 am - 3 pm