Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Patient Label

DIAGNOSTIC IMAGING REQUISITION

Telephone: (905) 883-2004 **Fax: 905-883-0772**

PATIENT'S NAME: ______________________________

DATE OF BIRTH: ____________ (dd/mm/yyyy) HEALTH CARD NO. ______________________

TELEPHONE: __________________ CAN WE LEAVE A VOICEMAIL? ☐ YES ☐ NO

ADDITIONAL REPORTS TO: ______________________ DATE: ____________ (dd/mm/yyyy)

REFERRING DOCTOR'S NAME & SIGNATURE: ______________________

SEE REVERSE FOR PREPARATION INFORMATION

IMPORTANT APPOINTMENT INFORMATION:

Patient to arrive 20 mins prior to appointment, unless otherwise by the scheduler.

Patient to check in using our self-serve, kiosks location in Patient Registration.

◯ PERTINENT CLINICAL FINDINGS

NB – CLINICAL INFORMATION IS ESSENTIAL FOR INTERPRETATION OF THE REQUESTED STUDIES

ULTRASOUND

OBSTERICAL
- ☐ IPS NT MEASUREMENT/ (11 - 14 WKS)
- ☐ DETAILED OB SCAN (18-20 WKS)
- ☐ HIGH RISK
- ☐ R/O ECTOPIC
- ☐ DATING OBS

GENERAL
- ☐ ABDOMEN
- ☐ RENAL
- ☐ BLADDER / PROSTATE
- ☐ PELVIC / TV
- ☐ PELVIC
- ☐ PRE / POST VOID
- ☐ GROINS
- ☐ THYROID
- ☐ TESTICULAR
- ☐ SALIVARY GLANDS
- ☐ BREAST ☐ Rt ☐ Lt
- ☐ BRAIN

VASCULAR ULTRASOUND
- ☐ CAROTIDS
- ☐ VEINS OF LEGS
- ☐ VENOUS LEG ☐ Rt ☐ Lt
- ☐ VENOUS ARM ☐ Rt ☐ Lt

MUSCULO-SKELETAL
- ☐ SHOULDER
- ☐ ELBOW
- ☐ HAMSTRINGS
- ☐ KNEE
- ☐ FOOT
- ☐ ACHILLES TENDON
- ☐ ANKLES
- ☐ HANDS
- ☐ FINGER
- ☐ PORTAL VEIN DOPPLER/ TIPS SHUNT DOPPLER
- ☐ RENAL DOPPLER
- ☐ AXILLA ☐ Rt ☐ Lt
- ☐ OTHER

NUCLEAR MEDICINE / CARDIOLOGY

POSSIBILITY OF PREGNANCY AND/OR BREASTFEEDING? ☐ YES ☐ NO

CARDIAC
- ☐ EXERCISE MYOCARDIAL PERFUSION
- ☐ PERSANTINE MYOCARDIAL PERFUSION
- ☐ RESTING VENTRICULAR FUNCTION (Rest MUGA)
- ☐ THALLIUM REST / REDISTRIBUTION (VIABILITY STUDY)

NERVOUS
- ☐ BRAIN PERFUSION SPECT

GASTROINTESTINAL
- ☐ LIVER / SPLEEN (SULPHUR COLLOID)
- ☐ R.B.C LIVER
- ☐ HEPATOBILIARY (HIDA)
- ☐ GASTRIC EMPTYING
- ☐ SALIVARY

SKELETAL
- ☐ BONE / WHOLE BODY
- ☐ BONE (specify) ______________

ENDOCRINE
- ☐ THYROID UPTAKE & SCAN
- ☐ PARATHYROID

RESPIRATORY
- ☐ VENTILATION/PERFUSION LUNG

GENITOURINARY
- ☐ RENAL FLOW & DIFFERENTIAL FUNCTIONAL (DTPA)
- ☐ RENAL LASIX
- ☐ RENAL CAPTOPRIL

OTHER NUCLEAR MEDICINE
- ☐ GALLUM (specify): __________
- ☐ SENTINEL NODE: __________
- ☐ OTHER (specify): __________

ECHOCARDIOGRAPHY

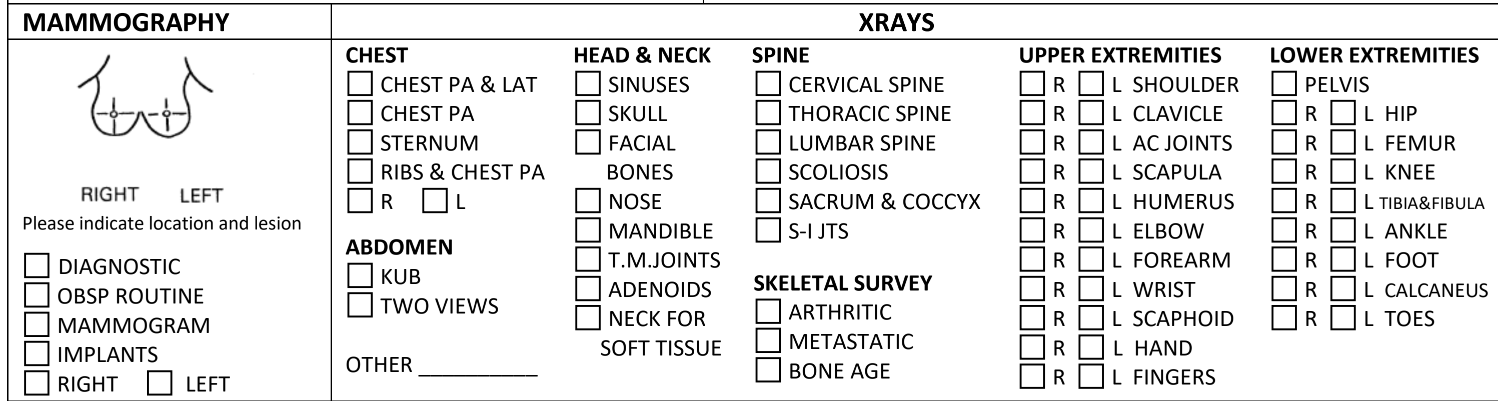
- ☐ COMPLETE ECHO / DOPPLER STUDY

OTHER ______________________

Please include indication

BONE MINERAL DENSITY (BMD)

- ☐ HIGH RISK ☐ LOW RISK Date of last exam ____________ (dd/mm/yyyy)
- ☐ BASELINE



MAMMOGRAPHY

RIGHT LEFT

Please indicate location and lesion

- ☐ DIAGNOSTIC
- ☐ OBSP ROUTINE
- ☐ MAMMOGRAM
- ☐ IMPLANTS
- ☐ RIGHT ☐ LEFT

XRAYS

CHEST
- ☐ CHEST PA & LAT
- ☐ CHEST PA
- ☐ STERNUM
- ☐ RIBS & CHEST PA
- ☐ R ☐ L

ABDOMEN
- ☐ KUB
- ☐ TWO VIEWS

OTHER __________

HEAD & NECK
- ☐ SINUSES
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NOSE
- ☐ MANDIBLE
- ☐ T.M.JOINTS
- ☐ ADENOIDS
- ☐ NECK FOR SOFT TISSUE

SPINE
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SCOLIOSIS
- ☐ SACRUM & COCCYX
- ☐ S-I JTS

SKELETAL SURVEY
- ☐ ARTHRITIC
- ☐ METASTATIC
- ☐ BONE AGE

UPPER EXTREMITIES
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L 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 FINGERS

LOWER EXTREMITIES
- ☐ PELVIS
- ☐ 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

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PLEASE: BRING THIS PAPER TO

NUCLEAR MEDICINE

Thallium Prep - Nothing to eat or drink after midnight.

Renal Prep - Well hydrated; Full bladder is not necessary

Gastric Emptying Prep - Nothing to eat or drink after midnight.

Hepatobiliary (HIDA) Prep – Nothing to eat or drink 4 hours prior to exam.

TIME REQUIRED FOR NUCLEAR SCANS

Bone – 4 hours	Liver & Spleen - 1 hour	RBC Liver – 2 hours	Thyroid: First Day -10 minutes
Brain – Up to 2.5 hours	Lung – 1 hour	Renal – 1-2 hours	Second Day – 1 hour
BMD – 20 minutes	Myocardial Perfusion (Exercise or Persantine) 4 – 6 hours		

There are no side effects from these examinations

ULTRASOUND PREPARATIONS

☐ Obstetrical or Pelvic Ultrasound
You need a FULL BLADDER. FINISH DRINKING 40 FLUID OUNCES OF WATER (5 – 8 OZ. GLASSES) 1 hour before your examination. DO NOT VOID.

☐ COMBINATION PELVIC AND ABDOMINAL ULTRASOUND
Nothing to eat for 8 hours, but COMPLETE DRINKING 40 OUNCES OF WATER 1 HOUR BEFORE. DO NOT VOID

☐ ABDOMEN – GALL BLADDER – KIDNEYS
A.M. EXAM – Nothing to eat or drink after midnight.
P.M. EXAM – Light breakfast (no eggs or dairy products) Nothing to eat or drink after this light breakfast.

MAMOGRAPHY

If you have had previous mammograms taken at another hospital or clinic, please arrange to bring them with you as they will be needed for comparison with your current X-Rays.
Please **DO NOT WEAR** any deodorant, talcum powder or perfume on the day of your examination.