ROSSLAND DIAGNOSTIC CLINIC

300 Rossland Road East, Suite 102, 1st Floor, Ajax, ON, L1Z 0M1
contact@rosslandrc.ca • www.rosslandic.ca
Tel: 905.426.3111 • Fax: 905.426.7138
Blood Lab Facility On-Site • Free Parking On-Site

PATIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Cell: _____

E-mail: _____ DOB: _____ Age: _____

Health Card #: _____ Gender: _____

HEALTH CARE PROVIDER

☐ STAT

Name: _____

Address: _____

Phone: _____ Fax: _____

Billing #: _____ CPSO#: _____

Copy to: _____

Signature: _____

Clinical History:

X-RAY

CHEST
- ☐ PA and LAT
- ☐ PA (Inc TB Screening)
- ☐ R Ribs + Chest PA
- ☐ L Ribs + Chest PA
- ☐ Sternum

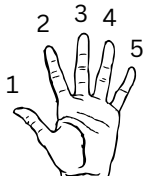
HEAD + NECK
- ☐ Skull
- ☐ Facial Bone
- ☐ Nasal Bones
- ☐ TM Joints
- ☐ Neck - soft tissue/Adenoid
- ☐ Orbits
- ☐ Orbits - Pre MRI/FB

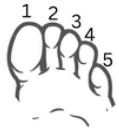
ABDOMEN
- ☐ KUB
- ☐ Acute Abdomen Series

OTHER: _____

SPECIAL VIEWS
- ☐ Weight Bearing Views

SPINE +PELVIS
- ☐ Scoliosis Series
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum + Coccyx
- ☐ S-I Joints
- ☐ Pelvis
- ☐ R Hip + Pelvis
- ☐ L Hip + Pelvis
- ☐ Pelvis + Both Hips





UPPER EXTREMITIES

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	AC Joint
☐	☐	SC Joint
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Fingers ☐1 ☐2 ☐3 ☐4 ☐5
☐	☐	Hand
	☐	Bone Age

LOWER EXTREMITIES

R	L	
☐	☐	Femur
☐	☐	Knee
☐	☐	Tibia + Fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes ☐1 ☐2 ☐3 ☐4 ☐5

Tech _____
#images _____

X-RAY PREGNANCY RELEASE FORM

I declare, to the best of my knowledge, that I am NOT presently pregnant.

Signature of Patient: _____

ULTRASOUND

OBSTETRICAL ☐ **Twins**
- ☐ OB series: Dating + NT + Anatomy
- ☐ Dating
- ☐ NT/ eFTS (11w2d-13w3d)
- ☐ Anatomy (18-22 wks)
- ☐ High Risk/Complication
- ☐ Biophysical Profile/Growth

GENERAL ULTRASOUND
- ☐ Abdomen Complete
- ☐ Abdomen + Pelvis Complete
- ☐ Abdominal Wall / Hernia Assessment
- ☐ Limited Abdomen
- ☐ Kidneys + Bladder
- ☐ Inguinal/Groin ☐ R ☐ L

PELVIS
- ☐ Female Pelvis
  - ☐ Transvaginal
  - ☐ Follicular monitoring
- ☐ Male Pelvis
  - ☐ Prostate Transrectal

MUSCULOSKELETAL

R	L	
☐	☐	Shoulder
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hand
☐	☐	Hip
☐	☐	Knee
☐	☐	Ankle
☐	☐	Achilles Tendon
☐	☐	Plantar Fascia
☐	☐	Foot

SMALL PARTS
- ☐ Thyroid
- ☐ Neck
- ☐ Scrotum
- ☐ Lumps/Masses

OTHER: _____

VASCULAR ULTRASOUND

ABDOMINAL /HEAD/NECK
- ☐ Abdominal Aorta / Aortoilliac
- ☐ Carotid
- ☐ Renal

EXTREMITIES

☐ **Venous (Incl. DVT)**
- ☐ Upper
- ☐ Lower - Deep Viens
- ☐ Lower - Superficial

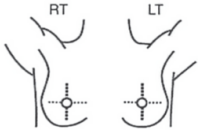
☐ **Arterial (Incl. ABI)**
- ☐ Upper
- ☐ Lower

BONE MINERAL DENSITY (DEXA)

☐ Baseline	*Once in a lifetime*
☐ 2nd Test Low Risk	*3 yrs after baseline*
☐ Subsequent Low Risk	*5 yrs after 2nd test Low Risk*
☐ Subsequent High Risk	*Can be requested annually*
☐ DEXA Total Body Scan	*$150.00- Non-OHIP*

BREAST IMAGING

- ☐ Ultrasound
  - ☐ Right
  - ☐ Left
  - ☐ Bilateral
- ☐ Mammogram
  - ☐ Right
  - ☐ Left
  - ☐ Bilateral
- ☐ **Implants**
- ☐ **OBSP**



Other: _____

CARDIOLOGY

CARDIOLOGY DIAGNOSTIC TESTING
- ☐ 12-Lead ECG

Stress
- ☐ Exercise Stress Test (GXT)
- ☐ Excersise Stress Echo

Echocardiogram
- ☐ 2D Echocardiogram (TTE)
- ☐ Pediatric Echo (TTE)

CARDIOLOGY MONITORING TESTING

Holter
☐ 48 hrs ☐ 72 hrs ☐ 7 Days

Blood Pressure Monitoring
☐ 24hr ABPM ($60.00- Non-OHIP)

CARDIOLOGY CONSULTATION - DR. B. AYACH AND TEAM
☐ Urgent ☐ First Available

NUCLEAR CARDIOLOGY

Myocardial Perfusion Imaging (MPI) (with ventricular function)
- ☐ Exercise SPECT
- ☐ Persantine SPECT

Ventricular Function
- ☐ Myocardial Wall Motion (MUGA) (with ejection fraction) SPECT

Other: _____

** **All cardiac consultations will be in partnership with Durham Cardiology** *** **Critical abnormalities wll be reviewed in consultation****

This requisition form can be taken to any licenced facility providing healthcare services including hospitals & IHFs, such as those listed on the IHF website https://www.ontario.ca/page/community-surgical-and-diagnostic-centres