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

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

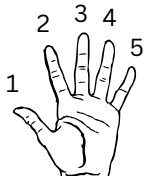
HEAD + NECK
- ☐ Skull
- ☐ Facial Bone
- ☐ Nasal Bones
- ☐ TM Joints
- ☐ Neck - soft tissue/Adenoid
- ☐ Orbits
- ☐ Orbits - Pre MRI/FB

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
☐	☐	Hand ☐1 ☐2 ☐3 ☐4 ☐5
	☐	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
- ☐ AAA Screening
- ☐ Abdomen + Pelvis (Incl. Transvaginal)
- ☐ Abdominal Wall / Hernia Assessment
- ☐ Limited Abdomen
- ☐ Kidneys + Bladder
- ☐ Inguinal/Groin ☐ R ☐ L
- ☐ Female Pelvis (Incl. Transvaginal)
- ☐ Follicular monitoring
- ☐ Male Pelvis
- ☐ Prostate Transrectal

OTHER: _____

MUSCULOSKELETAL

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

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

SONOHYSTEROGRAM
- ☐ Female Pelvis + Sonohysterogram

(Tubal Patency if required)

VASCULAR ULTRASOUND

ABDOMINAL /HEAD/NECK
- ☐ Abdominal Aorta / Aortoilliac
- ☐ Carotid
- ☐ Renal
- ☐ **Vascular Surgery Consultation**

EXTREMITIES
- ☐ **Venous (Incl. DVT)**
  - ☐ Upper
  - ☐ Lower - r/o DVT
  - ☐ Lower - Reflux
- ☐ **Arterial (Incl. ABI)**
  - ☐ Upper
  - ☐ Lower

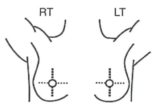
BONE MINERAL DENSITY (DEXA)

☐ Baseline	*Once in a lifetime*
☐ 2nd/3rd Subsequent Low Risk	*5 yrs after baseline/first follow up*
☐ Subsequent High Risk	*Every 3 yrs (if clinically indicated)*
☐ Annual High Risk	*Annually (prednisone >20 mg/day or hypercortisolism)*
☐ DEXA Total Body Composition Scan	*$150.00- Non-OHIP*

BREAST IMAGING

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

Other: _____



CARDIOLOGY & VASCULAR SURGERY

CARDIOLOGY DIAGNOSTIC TESTING
- ☐ 12-Lead ECG

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

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

Other: _____

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 ☐ Non- Urgent

NUCLEAR CARDIOLOGY

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

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

VASCULAR SURGERY CONSULTATION - DR. S. WONG AND TEAM
- ☐ Urgent ☐ Non- Urgent

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