



Belle River Imaging Services
1679 County Road 22
Belle River, ON N0R 1A0

For Appointment Please Call

Tel : 519-727-3993

Fax : 519-727-3939

Email : info@belleriverimaging.com

www.belleriverimaging.com

PATIENT INFORMATION

Last Name : _____ First Name : _____ Sex : M F

Tel : _____ Address : _____ Date : _____

Health Card Number	Version	Date of Birth
		YY MM DD

REQUEST FOR STAT CASE

Verbal/Tel : _____ Fax : _____ WSIB

Referring Physician : _____ CC : _____

CLINICAL INFORMATION

Date LMP : _____

ULTRASOUND By Appointment

GENERAL

- Abdomen
- Limited Abdomen
- Female Pelvis transabdominal
- Transvaginal
- Female Pelvis / Transvaginal
- Male Pelvis
- Prostate -Transrectal
- KUB (Kidneys & Bladder)

OBSTETRICAL

- Early OBS / Dating
- IPS / NT
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester

BREAST ULTRASOUND

- Right Left

VASCULAR

- Carotid Doppler
- Upper Limb Arterial Dop
- Lower Limb Arterial Dop
- Lower Limb Venous Dop

MUSCULOSKELETAL

- Shoulder
- Arm
- Elbow
- Forearm
- Wrist & Hands
- Hip joint
- Lumbar sacral
- Cervical Region
- Thoracic Region
- Thigh
- Knee Popliteal Fossa
- Calf
- Foot Ankle
- Achilles Tendon
- Plantar Fascia
- Gluteal Region

SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Hernia - Side _____
- Soft Tissue / Lump
- Others _____

BONE DENSITY

(By Appointment)

- 1st Baseline BMD
- Low Risk (2nd test - 36 months)
- Low Risk (3rd test - 60 months)
- High Risk (once every 12 months)

Previous Scan : Yes No

Date : _____

Location : _____

CARDIAC SERVICES

- Echo cardiography By Appointment

WALK - IN

- ECG
- Holter 48 Hrs 72 Hrs 2 Weeks
- Loop Monitor 2 Weeks 4 Weeks

Mammography

- Mammogram
- Ultrasound



R L BL

X-RAY Walk-in

Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- Chest P.A.
- P.A. & Lateral
- Ribs R L
- Sternum

HEAD & NECK

- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses
- Mastoids
- Neck, Soft Tissue
- Pre MRI Orbits

Other _____

ABDOMEN

- Single View
- Two or More Views

SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-iliac Joints

UPPER EXTREMITIES

- Clavicle R L
- A-C Joints R L
- S-C Joints R L
- Shoulder R L
- Scapula R L
- Humerus R L
- Elbow R L
- Forearm R L
- Wrist R L
- Scaphoid R L
- Hand R L
- Wrist & Hand R L
- Finger & Thumb R L



LOWER EXTREMITIES

- Hip R L
- Femur R L
- Knee R L
- Tibia & Fibula R L
- Ankle R L
- Calcaneus R L
- Foot R L
- Toe R L



PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature _____

Map & Preparation on reverse

Note : This requisition form can be taken to any licensed facility providing healthcare services including hospital and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>.

APPOINTMENT

Date : _____ Time : _____

ULTRASOUND PREPARATION

- PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)
- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

- UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

- UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

NO PREPARATION NECESSARY

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**

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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance