

① **BRAMPTON**
Bramalea X-Ray & Ultrasound
 18 Kensington Rd., Ste. 206
 Brampton, ON L6T 4S5
 Tel: 905-793-5858
 Fax: 905-793-5428

② **Torbram & North Park Drive**
 2130 North Park Dr., Unit 225
 Brampton, ON L6S 0C9
 Tel: 905-789-5627
 Fax: 905-789-5699

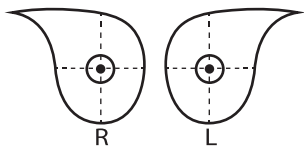
③ **OAKVILLE**
Oakville Diagnostic Imaging
 1235 Trafalgar Rd., Ste. B2
 Oakville, ON L6H 3P1
 Tel: 905-845-0014
 Fax: 905-845-0018

④ **NEW LOCATION**
 3075 Hospital Gate, Suite 208
 Oakville, ON L6M 1M1
 Tel: 905-825-8545
 Fax: 905-825-9303

⑤ **STREETSVILLE/MISSISSAUGA**
Streetsville X-ray & Ultrasound
 5425 Creditview Rd., Unit 8
 Mississauga, ON L5V 2P3
 Tel: 905-286-9155
 Fax: 905-286-9153

Ontario Breast Screening Program

BREAST IMAGING
 ACCREDITED OBSP FACILITIES
 (BY APPOINTMENT)



- ☐ **Mammography**
☐ Screening ☐ Palp Mass
☐ Implants
☐ **Ultrasound** ☐ R ☐ L

Please bring any previous films for comparison

BONE DENSITY
 (BY APPOINTMENT)

- ☐ Baseline ☐ Low Risk
☐ Follow Up ☐ High Risk

**CARDIOVASCULAR
PROCEDURES**

- ☐ **ECG Monitoring (HOLTER)**
☐ 24 hours ☐ 48 Hours
☐ 72 hours ☐ 14 Day Loop/Event
☐ **BP Monitoring**
 *NOT COVERED BY OHIP
☐ 24 hours ☐ 48 Hours
☐ Echocardiography

X-RAY

G.I. Tract (BY APPOINTMENT)

- ☐ Ba. Swallow
☐ Upper G.I. Series
☐ G.I. & Small Bowel
 (allow 2 - 4 hrs for test)

Abdomen

- ☐ Plain Film (K.U.B.)
☐ Acute (3 views)

Head & Neck

- ☐ Skull
☐ Sinuses
☐ Adenoids
☐ Soft Tissues of Neck
☐ Pit. fossa
☐ Mastoids
☐ I.A. Meati
☐ Facial Bones
☐ Nasal Bones
☐ Orbits
☐ Mandible
☐ T.M. Joints

Chest

- ☐ Chest
☐ Chest Visa
☐ Ribs & Chest PA
☐ Sternum
☐ Sterno-Clavicular Joints
☐ Thoracic Inlet

Spine & Pelvis

- ☐ Cervical Spine
☐ Dorsal Spine
☐ Scoliosis Series
☐ Lumbo-Sacral Spine
☐ Sacrum & Coccyx
☐ S.I. Joints
☐ Pelvis & Hips
☐ Pelvis

Skeletal Survey

- ☐ Metastatic Series
☐ Arthritic Series

Upper Extremities

- ☐ R ☐ L Shoulder
☐ R ☐ L Clavicle
☐ A.C. Joints
☐ R ☐ L Scapula
☐ R ☐ L Humerus
☐ R ☐ L Elbow
☐ R ☐ L Forearm
☐ R ☐ L Wrist
☐ R ☐ L Hand
☐ R ☐ L Hand & Wrist
☐ R ☐ L Fingers No. 1 2 3 4 5



Lower Extremities

- ☐ R ☐ L Hip
☐ R ☐ L Femur
☐ R ☐ L Knee
☐ R ☐ L Tib & Fib
☐ R ☐ L Ankle
☐ Ankle inv. Stress Views
☐ R ☐ L Foot
☐ R ☐ L Os Calcis
☐ R ☐ L Toes No. 1 2 3 4 5

ULTRASOUND (BY APPOINTMENT)

☐ **Doppler Vascular Studies**

- ☐ Carotid and Vertebral Arteries
☐ Venous Arm ☐ R ☐ L ☐ B
 Leg ☐ R ☐ L ☐ B
☐ Arterial Arm ☐ R ☐ L ☐ B
 Leg ☐ R ☐ L ☐ B
 Aorta ☐
 Iliac Arteries ☐

☐ **Echocardiography**

☐ **Thyroid**

☐ **Chest / Thorax**

- ___ Wall mass
 ___ Pleural effusion

☐ **Breast** ☐ R ☐ L

☐ **Abdomen**

- ___ G.B. ___ Liver
 ___ Pancreas ___ Spleen
 ___ Kidneys ___ Vessels

☐ **Appendix**

- ☐ STAT
 Tel # _____

- ☐ Fax report
 Fax # _____

☐ **Kidneys & Pelvis**

(pre/post void bladder vol.)

☐ **Pelvis (includes Transvaginal unless contraindicated)**

☐ **Abdomen & Pelvis**

☐ **Obstetrical**

- ☐ Nuchal translucency (11-14 wks)
☐ For IPS (please provide paperwork)
☐ <16 weeks ☐ >17 weeks ☐ Twins
☐ Biophysical Profile
☐ Complications

☐ **MSK: Site** _____

☐ **Superficial Mass** _____

☐ **Hernia: Site** _____

☐ **Prostate**

- ☐ Transrectal ☐ Kidneys
☐ Transabdominal

☐ **Testes/Scrotum**

☐ **Other** _____

Denies Pregnancy

Other Views _____

Clinical Information _____

Referred by _____ M.D. Copy to _____

(PHYSICIAN'S SIGNATURE REQUIRED)

Ont. Health Number	V.C.	Patient's Last Name (Please print or type)	Initials
Patient's First Name	Patient's Birth Date	Patient's Sex	Patient's Phone No.
	Day Month Year	M F	

APPOINTMENT DATE _____ / TIME: _____

You must bring this form and your OHIP Card. If you are late you may be rebooked.

X-RAY PREPARATIONS

- ☐ **BARIUM SWALLOW/UPPER GI SERIES**
Nothing to eat or drink after midnight the evening prior to examination
NO BREAKFAST, NO WATER, NO GUM OR CANDY

ULTRASOUND PREPARATIONS

- ☐ **ABDOMEN**
Nothing to eat or drink after midnight
NO BREAKFAST, NO WATER, NO GUM OR CANDY
- ☐ **ABDOMEN PLUS PELVIS**
• Do not eat after midnight
• Follow instructions for Pelvic Ultrasound
- ☐ **OBSTETRICAL, PELVIS, KIDNEYS/BLADDER;**
• **FULL BLADDER** is required for this examination
• Drink 5 glasses (40 oz. or 1.3 litres) to be finished 1 hour before examination
• Please DO NOT empty bladder after drinking
- ☐ **PROSTATE STUDY**
• Dulcolax Suppository inserted rectally 2 hours before examination
• **FULL BLADDER** is required for this examination
• Drink 5 glasses (40 oz. or 1.3 litres) to be finished 1 hour before examination
• Please DO NOT empty bladder after drinking
• Bring PSA results if available

MAMMOGRAM

- No deodorant, powder or perfume.
■ Please wear two piece outfit.
PLEASE BRING ANY PREVIOUS MAMMO FILMS TO YOUR APPOINTMENT FOR COMPARISON PURPOSES.

21694/ 100%

BONE DENSITY

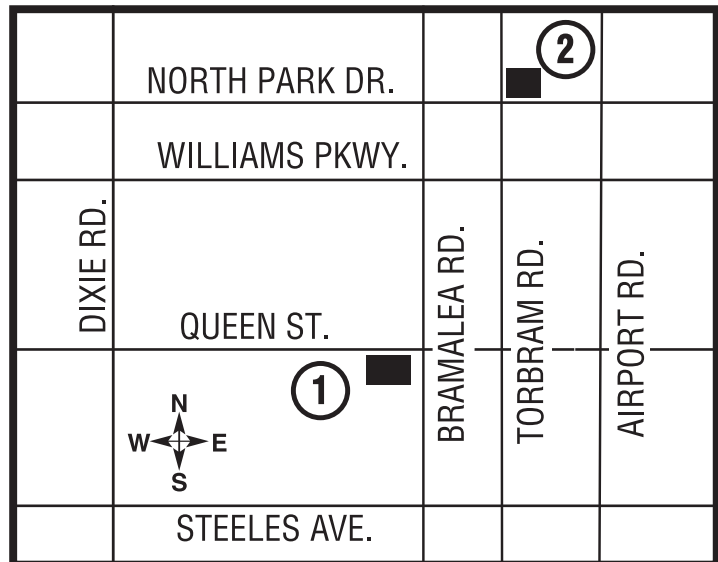
Please wear two piece outfit with no metal or zippers.



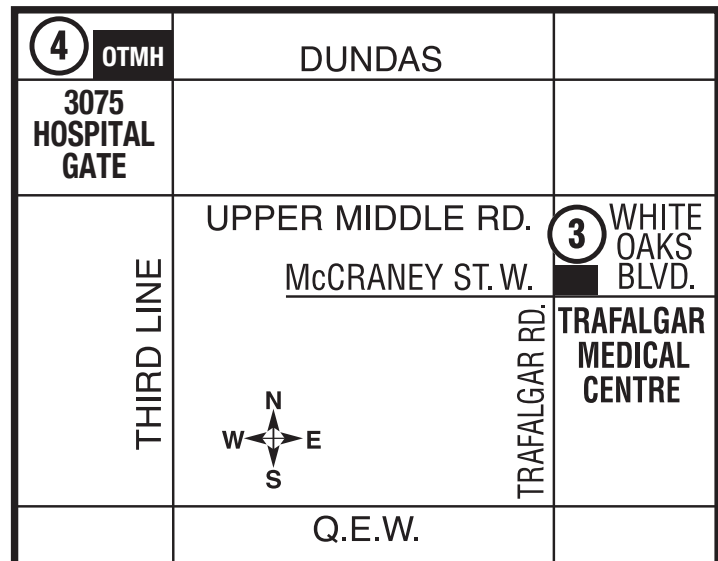
www.GamDI.ca

This requisition can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF program website
www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

BRAMPTON



OAKVILLE



STREETSVILLE / MISSISSAUGA

