MARKHAM LAWRENCE
X-Ray • Ultrasound • BMD

3585 Lawrence Ave E, Unit 1A
Scarborough, ON M1G 1P4
T: (416) 431-1889
F: (647) 438-5703
Email: info@mlxrayultrasound.com
www.mlxrayultrasound.com

PATIENT NAME: _____

OHIP: _____ DOB:_____/_____/_____

Sex: M F Phone: (_____)_____

PHYSICIAN

NAME:_____

Physician #:_____ Phone:

(_____)_____

Fax: (_____)_____

Clinical Information:_____

_____

_____

Referring Physician Signature: _____ **Date:** _____/_____/_____ ☐ **STAT** ☐ **VERBAL** ☐ **FAX**

I declare that I am not pregnant. Signature:_____ Appointment Date & Time:_____

X-RAY

ABDOMEN
☐ Single View (K.U.B.)
☐ Acute (3 views)

CHEST
☐ Chest PA & LAT
☐ CXR Insp, Exp, Lat
☐ Chest PA
☐ Sternum
☐ L ☐ R Ribs & Chest PA

SPINE & PELVIS
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum and Coccyx
☐ SI Joints
☐ Pelvis
☐ Scoliosis Series

HEAD & NECK
☐ Skull
☐ Sinuses
☐ Facial Bones
☐ Mandible
☐ TM Joints
☐ Mastoids
☐ Neck for Soft Tissues
☐ Adenoids
☐ Nasal Bones
☐ Orbits

SKELETAL SURVEYS
☐ Arthritic
☐ Metastatic
☐ Bone Age

UPPER EXTREMITIES

L	R	
☐	☐	Clavicle
☐	☐	A C Joints
☐	☐	Shoulder
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Hand & Wrist
☐	☐	Fingers 1 2 3 4 5

LOWER EXTREMITIES

L	R	
☐	☐	Hip, Pelvis
☐	☐	Femur
☐	☐	Knee
☐	☐	Standing Knee
☐	☐	Tibia-fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes 1 2 3 4 5

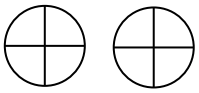
BMD (By Appointment)

☐ Routine ☐ Low Risk ☐ High Risk

ULTRASOUND

GENERAL
☐ Abdomen DLMP_____
☐ Pelvic (Female) – Transabdominal & Transvaginal
☐ Pelvic (Female) – Transabdominal
☐ Pelvic (Female) –Transvaginal
☐ Pelvic (Male) – Transabdominal & Transrectal
☐ Pelvic (Male) – Transabdominal
☐ Pelvic (Male) – Transrectal
☐ Neck
☐ Thyroid
☐ Salivary Glands
☐ L ☐ R ☐ B Groin
☐ Scrotum
☐ Lump(s): Location _____

☐ L ☐ R ☐ B Breast



OBSTETRICS
☐ To Confirm Pregnancy
☐ R/O Ectopic
☐ NT (11-14 weeks)
☐ Anatomy Scan (18-22 weeks)
☐ Limited (under 16 weeks)
☐ BPP
☐ Complication

MUSCULOSKELETAL

BILAT	L	R	
☐	☐	☐	Shoulder
☐	☐	☐	Elbow
☐	☐	☐	Wrist
☐	☐	☐	Hand
☐	☐	☐	Hip
☐	☐	☐	Knee
☐	☐	☐	Ankle
☐	☐	☐	Foot
☐	☐	☐	Other: _____

OTHER

☐ Additional views and/or other examinations:_____

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs. For a list of IHFs, visit www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

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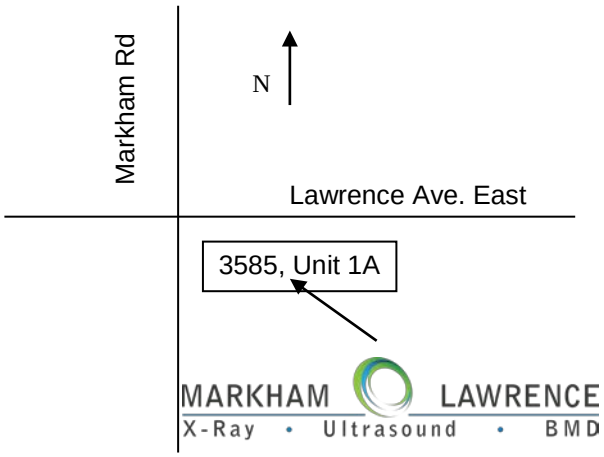
Patient Instructions

- **Please bring your health card and this requisition form to your visit.**
- **If you have an appointment, please give us 48 hours' notice for cancellations.**



X-RAY

No preparation is required.

OTHER

Additional instructions for special procedures will be given when your appointment is made.

HOURS

Monday – Friday 9:00 AM – 7:00 PM
Saturday 9:00 AM – 4:00 PM
Sunday 10:30 AM – 3:30 PM

Clinic is closed on all statutory holidays.
Hours subject to change, please call ahead to confirm.

ULTRASOUND

ABDOMEN:

- Do not have anything to eat or drink after midnight.
- For afternoon appointments, have a light breakfast (i.e. toast, tea or coffee).
- No dairy products.

PELVIC ONLY, OBSTETRICS or PROSTATE – Transabdominal:

- One hour prior to your appointment, drink 40 fluid ounces (i.e. 5 glasses) of water, tea, coffee or juice.
- Do not urinate until the examination is completed as a full bladder is required.
- You may eat.

ABDOMEN & PELVIC:

- Do not eat 10 hours prior to your examination.
- One hour prior to your appointment, drink 40 fluid ounces (i.e. 5 glasses) of water only.
- Do not urinate until the examination is completed as a full bladder is required.

BREAST:

- Do not apply deodorant or talcum powder.

PROSTATE – Transrectal:

- Purchase Fleet Enema from the pharmacy. Take Fleet Enema 2 hours before your examination.
- One hour prior to your appointment, drink 40 fluid ounces (i.e. 5 glasses) of water only.
- Do not urinate until the examination is completed as a full bladder is required.

THYROID, TESTES or MUSCULO-SKELETAL:

- No preparation is required.

OPEN 7 DAYS A WEEK