Royal View X-ray & Ultrasound

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web: www.royalviewxrayultrasound.ca

Please book an appointment by phone, fax or email.

Check our website www.royalviewxrayultrasound.ca for more information.

APPOINTMENT

Date: _____

Time: _____

(416) 247-5486

PATIENT

Last Name: | OHIP#:

First Name: | Tel:

Sex: **F** **M** | DOB:

REFERRING PHYSICIAN ☐ STAT (4hrs turnaround)

NAME OF DOCTOR | PHONE | FAX/EMERGENCY TEL.

DOCTOR'S SIGNATURE ☐ COPY TO ☐ Request CD NAME FAX#

PATIENT HISTORY

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

SIGNATURE

X-RAY

HEAD & NECK

- ☐ Skull
- ☐ Mastoids
- ☐ Sella Turcica
- ☐ Sinuses
- ☐ Soft Tissue Neck
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible
- ☐ TM Joints
- ☐ Adenoids
- ☐ Orbits

CHEST

- ☐ Chest PA & Lateral
- ☐ Chest PA
- ☐ Ribs & Chest PA
  R ☐ L ☐
- ☐ Sternum
- ☐ Sterno-Clavicular Joints

ABDOMEN

- ☐ KUB
- ☐ Acute

SPINE & PELVIS

- ☐ Cervical
- ☐ Cervical Dynamics
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Lumbar, Pelvis, SI Joints
- ☐ Sacrum & Coccyx
- ☐ SI Joints
- ☐ Pelvis
- ☐ Arthritic Series
- ☐ Metastatic Series
- ☐ Scoliosis
- ☐ Spine - 3 Foot Image

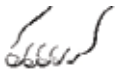
UPPER EXTREMITY

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ R ☐ L AC Joints
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ R ☐ L Scaphoid
- ☐ R ☐ L Hand
- ☐ R ☐ L Digits # 1 2 3 4 5
- ☐ R ☐ L Bone Age

No. 1 2 3 4 5

LOWER EXTREMITY

- ☐ R ☐ L Pelvis and Hips
- ☐ R ☐ L Hip
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Knee & Skyline Patella
- ☐ R ☐ L Tibia Fibula
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Toes # 1 2 3 4 5
- ☐ R ☐ L Os Calcis
- ☐ R ☐ L Leg LengthDiscrepancy (Pediatric Patients)



ULTRASOUND

ABDOMEN

- ☐ Abdomen
- ☐ Kidney and Bladder
- ☐ Hernia R ☐ L ☐

PELVIS

- ☐ Male Pelvis
- ☐ Transrectal
- ☐ Female Pelvis
- ☐ Transvaginal
- ☐ Abdominal+Pelvic+TV
- ☐ Scrotum

OBSTETRICS

- ☐ OB Dating (<16 wks)
- ☐ NT scan (IPS)
- ☐ OB 18-20 Wks
- ☐ Biophysical Profile
- ☐ OBS Twins
- ☐ Other _____

MUSCULOSKELETAL

- ☐ R ☐ L Shoulder
- ☐ R ☐ L AC Joints
- ☐ R ☐ L Elbow
- ☐ R ☐ L Wrist/Hand
- ☐ R ☐ L HIP
- ☐ R ☐ L Knee
- ☐ R ☐ L Ankle/Achilles Tendon

NECK

- ☐ Thyroid
- ☐ Salivary Glands
- ☐ Lump

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