Wentworth-Halton X-Ray and Ultrasound Inc.

Owned and Operated by The Radiologists at Hamilton Health Sciences (Hamilton General Site)

Digital Fax: 905-592-4799 | req@whxray.com | www.whxray.com |

Preferred Location:*

PATIENT INFORMATION

Name: ______ Date of Birth: ______

Preferred Name: ______ Health Card Number: ______

Sex (as per OHIP): ☐ Female ☐ Male Identifies As: ______ Appt. Date: ______ Time: ______

X-RAY (No Appointment Required)

ABDOMEN
- ☐ Flat Plate / K.U.B.
- ☐ Acute Series (3 views)

HEAD & NECK
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Soft Tissue Neck /Adenoids
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits (pre-MRI)

CHEST
- ☐ Chest
- R L Ribs
- ☐ Sternum

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum / Coccyx
- ☐ Scoliosis
- ☐ S.I. Joints
- ☐ Pelvis

LOWER EXTREMITIES
- R L Hip
- R L Femur
- R L Knee
- R L Tibia & Fibula
- R L Ankle
- R L Os Calcis
- R L Foot
- R L Toe No. ______

UPPER EXTREMITIES
- R L A.C. Joints
- R L S.C. Joints
- R L Shoulder
- R L Scapula
- R L Clavicle
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphoid
- R L Hand
- R L Finger No. ______

OTHER
- ☐ Specify:

ULTRASOUND (By Appointment)

- ☐ **ABDOMEN for Internal Organs** (Requires Fasting)
- ☐ Pancreas
- ☐ Gallbladder / Bile Ducts
- ☐ Liver
- ☐ Aorta
- ☐ Kidneys
- ☐ Spleen
- ☐ Kidneys & Bladder (K.U.B. Requires Full Bladder)

- ☐ **ABDOMEN Other**
- ☐ Appendix
- ☐ Hernia

Specify: ______

- ☐ Abdominal Wall Mass or Other

Specify: ______

VASCULAR
Arterial Studies:
- ☐ Carotid
- ☐ Ankle Brachial Indices (A.B.I)
- ☐ Femoral Study (includes A.B.I., Aorta, Iliacs & Femoral Arteries)

Venous Studies (D.V.T.):
- R L Leg Deep Vein Thrombosis
- R L Arm Deep Vein Thrombosis

PELVIC (Requires Full Bladder)
- ☐ Bladder
- ☐ Prostate
- ☐ Uterus / Ovaries
- ☐ Transvaginal (if required)

SMALL PARTS
- ☐ Scrotum
- ☐ Thyroid
- R L Axilla
- ☐ Other: ______

MUSCULOSKELETAL (MSK)
- R L Shoulder
- R L Knee
- R L Targeted MSK

Specify: ______

OBSTETRICAL (Requires Full Bladder)
- ☐ Dating (less than 16 weeks)
- ☐ IPS/eTFS (11-14 weeks)
- ☐ Anatomy (greater than 16 weeks)
- ☐ Twins or Multiple Gestation
- ☐ Biophysical Profile (BPP)
- ☐ Other: ______

BREAST IMAGING
(By Appointment)

- ☐ OBSP (Ontario Breast Screening Program)
- ☐ Screening Mammogram
- ☐ Diagnostic Mammogram (use diagram below)

Indication: ______

- R L Breast Ultrasound (use diagram below)

Previous? Location: ______
Y N Date: ______

- ☐ Surgery: ______

R L

ontario breast screening program
a cancer care ontario program

CAR
Canadian Association of Radiologists
L'Association canadienne des radiologistes

BONE MINERAL DENSITOMETRY (B.M.D.) (By Appointment)

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

Previous? Location: ______
Y N Date: ______

BARIUM STUDIES (GASTRICS)
(By Appointment)

- ☐ Upper G.I. Series (Double Contrast)
- ☐ Barium Swallow (*Digital Fluoro)
- ☐ Small Bowel Follow Through
- ☐ Surgery: ______

PRIORITY REPORT

- ☐ **Request for Stat Case**

Phone: ______

Fax: ______

Referring Physician Signature: X ______ **Date Ordered:** ______

Copies To: ______

Clinical Indication, History (reason for exam):

Submit Images and Report to:
- Healthcare Provider ☐
- HNHB MSK-CAIC for Burlington, Hamilton , Stoney Creek& Waterdown ☐
- Mississauga Halton Central Intake Program for Oakville ☐

Please bring your health card and this requisition form with you to your appointment.

SEE REVERSE

This requisition form can be taken to any licensed facility providing health care services including hospitals and IHFs, such as those listed on the IHF Program website.

PATIENT INFORMATION

Please bring your health card and this requisition form with you to your appointment.
Please arrive 10 minutes earlier to register.
Please advise us of any limitations of mobility prior to your exam.
Please call and reschedule if you cannot keep your appointment. If late, you may have to rebook.
Please note that our facilities are latex-free. Persons entering our facilities are encouraged to use scent-free products.
Please refer to the exam preperations below.

PREPARATION AND INSTRUCTIONS

ULTRASOUND

(Please advise staff if you are diabetic when making your appointment)

1. FASTING (ABDOMEN):
Nothing to eat or drink after midnight.

2. FULL BLADDER (K.U.B., PELVIC, OBSTETRICAL):
Drink one (1) litre of water, to be finished one (1) hour before your exam.
DO NOT EMPTY YOUR BLADDER.

3. FASTING AND FULL BLADDER COMBINED (ABDOMEN & PELVIC):
Nothing to eat after midnight.
Drink one (1) litre of water, to be finished one (1) hour before your exam.
DO NOT EMPTY YOUR BLADDER.

NOTES:
Appendix: For preparation instructions, please inquire at time of booking.
Hernia, Abdominal Wall Mass, Vascular, Small Parts & Musculoskeletal: No preparation required.
Pelvic: Uterus and Ovaries may require a Transvaginal exam for optimal imaging.

MAMMOGRAPHY

(Please advise staff if you have had any breast augmentation/surgery when making appointment)

Please do not use any deodorant, powder or cream on the chest/breasts/armpit area on the day of your exam
For your comfort, limit caffeine consuption two (2) days prior to your exam.

BONE MINERAL DENSITOMETRY (B.M.D.)

Please do not take any calcium supplements within twenty-four (24) hours of your exam.
If you have had another diagnostic test with dye performed within two (2) weeks of your scheduled exam, please rebook your appointment.
Bring a list of any vitamins and/or medications you are taking with you to the appointment.
If applicable, please remove your navel piercing if possible prior to your exam.

BARIUM STUDIES (GASTRICS)

(Please advise staff if you are diabetic when making appointment)

4. UPPER G.I. SERIES (Barium Meal) or BARIUM SWALLOW (Oesophagus):
Nothing to eat or drink after 10pm. Do not chew gum, eat candy or lozenge, or smoke the morning of your exam.

5. SMALL BOWEL FOLLOW THROUGH:
Purchase 1 box of PICO-SALAX at a pharmacy. Read all instructions.
Before breakfast: mix 1 sachet with 5 oz. of water, stir for 2-3 minutes (make sure it is cool before drinking) and drink contents.
Mid afternoon: prepare 2nd sachet (same mixing directions) and drink contents.
Follow meal instructions that are inside the box for breakfast, lunch and liquid supper.
No further food is allowed after supper.
Drink plenty of clear fluids, preferably water, until bowel movements have ceased.
No food allowed the morning of of your exam. You may drink water to satisfy thirst.

X-RAY

(No preperation required)
Wearing light clothing without any metal, plastic, clips, snaps or beading MAY prevent having to change into a gown for the exam.

X-RAY = X
ULTRASOUND = U
MAMMOGRAPHY = M
BONE MINERAL DENSITOMETRY = B
BARIUM STUDIES (GASTRICS) = G

LOCATIONS

Telus PSS Users:
Fax completed requisition to: 905-592-4799

Medical Arts X U G
1 Young Street
Hamilton, ON L8N 1T8
P: 905-522-2344 F: 905-522-5278

North Hamilton X U M
414 Victoria Avenue North
Hamilton, ON L8L 5G8
P: 905-546-5644 F: 905-546-5645

Westmount X U
723 Rymal Road West
Hamilton, ON L9B 2W2
P: 905-388-0106 F: 905-388-0313

Heritage Green X U M B
325 Winterberry Drive
Hamilton, ON L8J 0B6
P: 905-549-0433 F: 905-549-5676

Parkdale X U
132 Parkdale Avenue South
Hamilton, ON L8K 3P3
P: 905-547-3511 F: 905-547-3527

Stoney Creek X U M B
15 Mountain Avenue South
Stoney Creek, ON L8G 2V6
P: 905-662-4953 F: 905-662-1774

Waterdown X U M
245 Dundas Street East
Waterdown, ON L8B 0E9
P: 905-689-0877 F: 905-689-9918

Brant Street X U M B
760 Brant Street
Burlington, ON L7R 4B8
P: 905-637-7606 F: 905-637-2139

Fairview X U
2200 Fairview Street
Burlington, ON L7R 4H9
P: 905-333-6700 F: 905-333-2670

Walkers Line X U M B G
2951 Walkers Line
Burlington, ON L7M 4Y1
P: 905-336-2202 F: 905-336-9596

Appleby Line X U
1960 Appleby Line
Burlington, ON L7L 0B7
P: 905-331-5438 F: 905-331-2169

Speers X U M B
1060 Speers Road
Oakville, ON L6L 2X4
P: 905-844-0181 F: 905-844-0182

Palermo X U
2525 Old Bronte Road
Oakville, ON L6M 4J2
P: 905-469-2524 F: 905-469-3555

Argus X U
581 Argus Road
Oakville, ON L6J 3J4
P: 905-338-6644 F: 905-338-6656