



# 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

## PATIENT INFORMATION

Central Booking **905.635.7700**

Preferred Location

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex (as per OHIP):  Female  Male Identifies As: \_\_\_\_\_ Health Card No.: \_\_\_\_\_

### X-RAY (No Appointment Required)

#### ABDOMEN

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

#### HEAD & NECK

- Skull
- Sinuses (Non OHIP)
- Facial Bones
- Nasal Bones
- Soft Tissue Neck / Adenoids
- Mandible
- T.M. Joints
- Orbits (pre-MRI)

#### CHEST

- Chest
- Ribs
- Sternum

#### SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum / Coccyx
- Scoliosis
- S.I. Joints
- Pelvis

#### LOWER EXTREMITIES

- Os Calcis
- Foot
- Toe No. \_\_\_\_\_
- Femur
- Ankle
- Tibia & Fibula

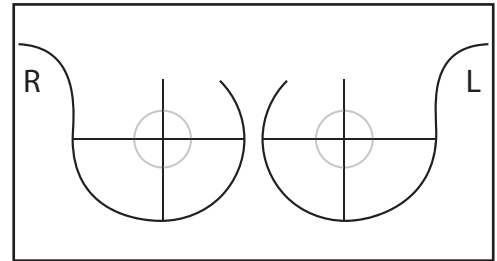
#### UPPER EXTREMITIES

- A.C. Joints
- S.C. Joints
- Shoulder
- Scapula
- Clavicle
- Humerus
- Elbow
- Forearm
- Wrist
- Scaphoid
- Hand
- Finger No. \_\_\_\_\_

- Knee  Ortho Knee  Ortho Knee - requires AP of both knees - patient is standing
- Hip  Ortho Hip  Ortho Hip / Ortho Pelvis requires AP hip + ST hip

### BREAST IMAGING (By Appointment)

- OBSP (Ontario Breast Screening Program)
- Screening Mammogram
- Diagnostic Mammogram (use diagram below)  
Indication: \_\_\_\_\_
- Breast Ultrasound (use diagram below)  
Previous?
- Location: \_\_\_\_\_ Date:   /  /
- Surgery: \_\_\_\_\_



Canadian Association of Radiologists  
L'Association canadienne des radiologistes

### ULTRASOUND (By Appointment)

#### ABDOMEN for Internal Organs (Requires Fasting)

- Pancreas
- Gallbladder / Bile Ducts
- Liver
- Aorta **OTHER**
- Kidneys  Specify: \_\_\_\_\_
- 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.)
  - Leg Deep Vein Thrombosis
  - Arm Deep Vein Thrombosis

#### PELVIC (Requires Full Bladder)

- Bladder
- Prostate
- Uterus / Ovaries
- Transvaginal (if required)

#### SMALL PARTS

- Scrotum
- Thyroid
- Axilla
- Other: \_\_\_\_\_

#### MUSCULOSKELETAL (MSK)

- Shoulder
- Knee
- Targeted MSK
- Specify: \_\_\_\_\_

**NO ACUTE INJURIES**

#### OBSTETRICAL (Requires Full Bladder)

- Dating (less than 16 weeks)
- IPS/EFTS (11-13 weeks 3 days)
- Anatomy (greater than 18 weeks)
- Twins or Multiple Gestation
- Biophysical Profile (BPP)
- Other: \_\_\_\_\_

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

- Baseline
- Low Risk Follow-up
- High Risk Follow-up
- Previous?
- Location: \_\_\_\_\_ Date:   /  /

### BARIUM STUDIES (GASTRICS) (By Appointment)

- Upper G.I. Series (Double Contrast)
- Barium Swallow (Digital Fluoro)
- Surgery: \_\_\_\_\_

### PRIORITY REPORT

- Request for Stat Case
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_

Referring Physician Signature: X

Date Ordered:   /  /  

Referring Physician (print): \_\_\_\_\_ Copies to: \_\_\_\_\_

Clinical Indication, History (reason for exam):

- HNHB MSK-CAIC for Burlington, Hamilton, Stoney Creek and Waterdown
- Mississauga Halton Central Intake Program for Oakville

Patients can use [appointments.whxray.com](http://appointments.whxray.com) to request an appointment online.

For more information, please call or visit [www.whxray.com](http://www.whxray.com).

[info@whxray.com](mailto:info@whxray.com)

**PATIENT INFORMATION**

- Please bring your **health card** and this **requisition form** with you to your appointment.
- Please arrive 10 minutes early 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 preparations below.



**PREPARATIONS & INSTRUCTIONS**

**ULTRASOUND**

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

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

**MUSCULOSKELETAL (MSK)**

**Due to resource constraints, there is limited availability for MSK ultrasound exams. Scheduling could take several weeks. The actual exam may take several months to be scheduled.**  
These ultrasound exams require specific clinical information.  
ALL requisitions must be emailed to [mskintake@whxray.com](mailto:mskintake@whxray.com) or faxed to 905.592.4799.

**NO Acute Injuries. MSK ultrasound exams for acute injuries must be done at a hospital.**

**MAMMOGRAPHY**

*(Please advise staff if you have 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 consumption 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 a diagnostic test with dye performed within two (2) weeks of your 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 naval piercing if possible, prior to your exam.

**BARIUM STUDIES (GASTRICS)**

*(Please advise staff if you are diabetic when making appointment)*  
UPPER G.I. SERIES (Barium Meal) or BARIUM SWALLOW (Oesophagus):  
Nothing to eat or drink after 10 PM. Do not chew gum, eat candy, lozenges or smoke the morning of your exam.

**X-RAY**

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

ADDRESS	PHONE	FAX
<b>MEDICAL ARTS</b>		
1 Young Street	905-522-2344	905-522-5278
Hamilton	Modalities	X U V G
<b>HERITAGE GREEN</b>		
325 Winterberry Drive	905-549-0433	905-549-5676
Hamilton	Modalities	X U V M B
<b>WESTMOUNT</b>		
723 Rymal Road West	905-388-0106	905-388-0313
Hamilton	Modalities	X U
<b>STONEY CREEK</b>		
15 Mountain Avenue South	905-662-4953	905-662-1774
Stoney Creek	Modalities	X U V M B
<b>WATERDOWN</b>		
245 Dundas Street East	905-689-0877	905-689-9918
Waterdown	Modalities	X U V M
<b>BRANT STREET</b>		
760 Brant Street	905-637-7606	905-637-2139
Burlington	Modalities	X U V M B
<b>FAIRVIEW</b>		
2200 Fairview Street	905-333-6700	905-333-2670
Burlington	Modalities	U
<b>WALKERS LINE</b>		
2951 Walkers Line	905-336-2202	905-336-9596
Burlington	Modalities	X U M B
<b>APPLEBY LINE</b>		
1960 Appleby Line	905-331-5438	905-331-2169
Burlington	Modalities	X U V
<b>PALMERO</b>		
2525 Old Bronte Road	905-469-2524	905-469-3555
Oakville	Modalities	X U B
<b>SPEERS</b>		
1060 Speers Road	905-844-0181	905-844-0182
Oakville	Modalities	X U M B



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