



Dr. Alex Hartman
Medical Director of Imaging

Request an Appointment
<https://truenorthimaging.com/request-appointment>

Book an Appointment
905-695-9695

GREATER TORONTO AREA REQUISITION

Bay Street Ultrasound	Burlington Ultrasound	Etobicoke Women's Imaging	Markham Ultrasound
Markham Women's Imaging	Midtown Diagnostic Imaging	North York Ultrasound	Oakville Ultrasound
Oshawa Ultrasound	Sheppard Diagnostic Imaging	Thornhill Diagnostic Imaging	

PATIENT INFORMATION

CLINICIAN INFORMATION

First Name: _____ Last Name: _____
 Preferred Name: _____ Pronouns: _____
 DOB: _____ Telephone Number: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 HealthCard #: _____ Version Code: _____

Referring Clinician: _____
 Billing Provider Number: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Telephone Number: _____ Fax Number: _____
 Signature: _____ CC: _____

CLINICAL INFORMATION

STAT VERBAL Cell/Backline#: _____

ULTRASOUND

X-RAY

MIDTOWN, SHEPPARD & THORNHILL LOCATIONS ONLY

GENERAL ULTRASOUND

Abdomen
 G.U. Tract (Kidneys & Bladder)
 Targeted Abdominal for AAA Screening

PELVIS

Pelvis
 Transvaginal
 Fertility Monitoring Cycle

SMALL PARTS

Thyroid and Neck
 Testes/Scrotum
 Soft Tissue/Lump

MUSCULOSKELETAL

R L B

Please Specify:

VASCULAR

R L B

Please Specify:

OBSTETRICAL

Twin Pregnancy
 Dating < 16 Weeks
 NT (11w2d-13w3d)
 Anatomic 18-20 Weeks
 Fetal Growth
 Biophysical Profile (BPP)

SONOHYSTEROGRAM PROCEDURES

Preliminary Pelvis
 Preliminary Transvaginal
 Sonohysterogram
 Sonohysterogram with Tubal Patency Investigation

OTHER:

ABDOMINAL

KUB
 Acute ABD (3 views)

CHEST

Chest PA & LAT
 Chest PA Ins/Exp & Lat
 Chest PA
 Ribs R L B
 Immigration Chest

SPINE AND PELVIS

Cervical Spine
 Thoracic Spine
 Lumbar Spine
 Sacrum & Coccyx
 Sacroiliac Joints
 Pelvis

HEAD AND NECK

Skull
 Sinuses (Non-OHIP)
 Facial Bones
 Nasal Bones
 T.M. Joints
 Soft Tissue Neck
 Orbits

UPPER EXTREMITIES

R L B

Shoulder
 Clavicle
 A.C. Joints
 Humerus
 Elbow
 Forearm
 Wrist
 Hand
 Finger 1 2 3 4 5
 Bone Age

LOWER EXTREMITIES

R L B

Hip
 Femur
 Knee
 Tibia/Fibula
 Ankle
 Foot
 Toe 1 2 3 4 5

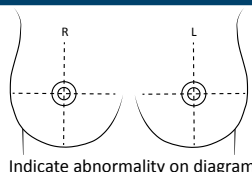
OTHER: Please Specify

Yes No

PREGNANT

BREAST IMAGING

Mammogram Implants R L Bilateral
 Breast Ultrasound R L Bilateral
 Ontario Breast Screening Program (OBSP)



Indicate abnormality on diagram

BONE MINERAL DENSITY (BMD)

Baseline Study Date of Last Exam:
 Low Risk _____
 High Risk _____

BAY STREET ULTRASOUND	BURLINGTON ULTRASOUND	ETOBICOKE WOMEN'S IMAGING
<p>655 Bay Street, 18th Floor Toronto, Ontario. M5G 2K4 Bay Street/Elm Street P: 416-597-1933 F: 416-340-1218</p> <p>Services: Ultrasound, Vascular</p>	<p>3115 Harvester Road, Unit 301 Burlington, Ontario. L7N 3N8 Harvester Road/S Service Road P: 289-337-4888 F: 437-567-4186</p> <p>Services: Ultrasound</p>	<p>110 Queen's Plate Drive, Unit A Etobicoke, Ontario. M9W 0B4 Queen's Plate Drive/Nearctic Drive P: 647-288-4547 F: 647-288-4550</p> <p>Services: Ultrasound</p>
MARKHAM ULTRASOUND	MARKHAM WOMEN'S IMAGING CENTRE	MIDTOWN DIAGNOSTIC IMAGING
<p>377 Church Street, Suite 305 Markham, Ontario. L6B 1A1 Church Street/Ninth Line P: 905-472-4915 F: 905-472-1326</p> <p>Services: Ultrasound</p>	<p>39 Main Street North, Unit 1 Markham, Ontario. L3P 1X3 Markham Road/Highway 7 P: 905-472-2713 F: 905-472-9003</p> <p>Services: Ultrasound, Mammography, Ontario Breast Screening Program</p>	<p>1849 Yonge Street, Lower Level Toronto, Ontario. M4S 1Y2 Yonge Street/Davisville Avenue P: 416-485-9155 F: 416-485-9532</p> <p>Services: Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program</p>
NORTH YORK ULTRASOUND	OAKVILLE ULTRASOUND	OSHAWA DIAGNOSTIC IMAGING
<p>4025 Yonge Street, Suite 215 Toronto, Ontario. M2P 2E9 Yonge Street/York Mills Road P: 416-229-6887 F: 416-229-6614</p> <p>Services: Ultrasound, Vascular</p>	<p>2035 Cornwall Road Oakville, Ontario. L6J 7S2 Cornwall Road/Maple Grove Drive P: 905-337-7202 F: 905-337-8294</p> <p>Services: Ultrasound</p>	<p>419 King Street West, Office Galleria, Suite #110 Oshawa, Ontario. L1J 2K5 King Street/Stevenson Road P: 905-674-0594 F: 905-674-0619</p> <p>Services: Ultrasound</p>
SHEPPARD DIAGNOSTIC IMAGING	THORNHILL DIAGNOSTIC IMAGING	PREPARATION AND INSTRUCTIONS
<p>1780 Markham Road, Unit 5 Scarborough, Ontario. M1B 2W2 Markham Road/Sheppard Avenue P: 416-291-4770 F: 416-291-9702</p> <p>Services: Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program</p>	<p>7330 Yonge Street, Suite 206 Thornhill, Ontario. L4J 1V8 Yonge Street/Clark Avenue P: 905-889-5926 F: 905-881-6284</p> <p>Services: Ultrasound, Mammography, Bone Mineral Density, X-Ray, Ontario Breast Screening Program</p>	<p>These instructions are IMPORTANT. Please follow them carefully. Please arrive 10 MINUTES PRIOR to your appointment for registration. LATE arrival may require rebooking. Please bring your valid ONTARIO HEALTH CARD (OHIP) to each appointment, along with this requisition.</p>
ULTRASOUND		
<ul style="list-style-type: none"> • ABDOMEN (includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA) <u>Morning (before 1pm)</u>: No solid foods or liquids after midnight. You are required to have an empty stomach. <u>Afternoon (at or after 1pm)</u>: You may eat a light breakfast (<i>dry toast, black tea or coffee, juice</i>) before 8:00am. No dairy products. Do not eat lunch as you are required to have an empty stomach. • PELVIS and OBSTETRICAL including TRANSVAGINAL (UTERUS, OVARIES, BLADDER) (also G.U. TRACT) Complete drinking 32oz/1 litre (4 glasses) of fluids <u>1 hour before your appointment</u> (finish by _____). Do NOT go to the washroom. We will examine you as soon as possible. You may eat regularly. • ABDOMEN and PELVIS Preparation same as ABDOMEN. Also, complete drinking 32oz/1 litre (4 glasses) of water <u>1 hour before your appointment</u>. Do NOT go to the washroom. 		
X-RAY		
<p>Persons who may be pregnant should NOT be x-rayed during the last two weeks of their menstrual cycle.</p>		
MAMMOGRAPHY		
<p>On day of examination: after showering do NOT use deodorant, antiperspirant, or talcum powder on chest or underarms as these particles may show up on mammogram.</p>		
BONE MINERAL DENSITY		
<p>On the day of examination: do NOT take calcium supplements or iron tablets until after the examination is completed.</p>		
<p>This requisition form can be taken to any licensed facility providing health care services including hospitals accepting community referrals and community surgical and diagnostic centres, such as those listed on the website: https://www.ontario.ca/page/community-surgical-and-diagnostic-centres#section-1</p>		