AVANTIA

MEDICAL IMAGING & RESTORATIVE HEALTH

1609 Stittsville Main, Ottawa, ON, K2S 1N5
Tel: (613) 714 -1000
Fax: (613) 728 -1120
www.AvantiaHealth.ca

PATIENT'S LAST NAME	PATIENT'S FIRST NAME	SEX F / M
HEALTH NUMBER	VERSION	DATE OF BIRTH DD / MM / YYYY
ADDRESS	HOME NO.	
PATIENT EMAIL	MOBILE NO.	

X-RAY

- ☐ CHEST
- ☐ RIBS L R
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM / COCCYX
- ☐ SI JOINTS
- ☐ PELVIS
- ☐ PELVIS & HIPS L R
- ☐ ABDOMEN-VIEWS 1 ☐ 3 ☐
- ☐ SINUSES
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ ORBITS
- ☐ MANDIBLE
- ☐ CLAVICLE L R
- ☐ SHOULDER L R
- ☐ AC JOINTS
- ☐ HUMERUS L R
- ☐ ELBOW L R
- ☐ FOREARM L R
- ☐ WRIST L R
- ☐ HAND L R
- ☐ ______ FINGER L R
- ☐ FEMUR L R
- ☐ KNEE L R
- ☐ TIB-FIB L R
- ☐ ANKLE L R
- ☐ FOOT L R
- ☐ ______ TOE L R
- ☐ **OTHER**________________________

ULTRASOUND

(For preparation see over)

- ☐ ABDOMEN
- ☐ KIDNEY L R
- ☐ BLADDER
- ☐ PELVIS
- ☐ TRANSVAGINAL
- ☐ SONOHYSTEROGRAM
- ☐ SCROTUM
- ☐ GROIN (Hernia)
- ☐ THYROID / NECK
- ☐ SALIVARY GLAND
- ☐ BREAST L R

MUSCULOSKELETAL

- ☐ SHOULDER L R
- ☐ KNEE L R
- ☐ WRIST L R
- ☐ ELBOW L R

☐ OTHER ________________________

OBSTETRICAL

- ☐ OB SERIES (NT&Anatomy)
- ☐ NUCHAL TRANS.
- ☐ 1ST TRIMESTER
- ☐ ANATOMY SURVEY
- ☐ ESTIMATED FETAL WT.
- ☐ BIOPHYSICAL PROFILE
- ☐ UTERINE, UMIBILICAL OR MCA DOPPLERS (circle)

VASCULAR DOPPLER

- ☐ CAROTID
- ☐ PERIPHERAL VENOUS LEGS L R
- ☐ PERIPHERAL VENOUS ARMS L R
- ☐ PERIPHERAL ARTERIAL LEGS L R
- ☐ PERIPHERAL ARTERIAL ARMS L R
- ☐ RENAL L R

CARDIAC

- ☐ ADULT ECHOCARDIOGRAM
- ☐ 48 HOUR HOLTER MONITOR
- ☐ 14 DAY EVENT MONITOR

PEDIATRIC X-RAY

- ☐ ABDOMEN
- ☐ CHEST
- ☐ OTHER ____________

PEDIATRIC ULTRASOUND

- ☐ ABDOMEN
- ☐ PELVIS
- ☐ OTHER ____________

PERTINENT CLINICAL INFORMATION (required)

REQUISITIONING PROVIDER'S NAME	REGISTRATION NO.	PHONE NO.

PROVIDER'S SIGNATURE	DATE	DAY	MO	YEAR
X				

OHIP BILLING NO. (required)

X

PREPARING FOR YOUR EXAMINATION

ABDOMINAL ULTRASOUND

- Nothing to eat or drink after midnight
- No breakfast
- Take usual medication with small amount of water

ABDOMINAL AND PELVIC ULTRASOUND

- Nothing to eat after midnight
- A full bladder is required
- **Drink 1 litre of water and FINISH one hour before the examination**
- Do not void until after the ultrasound
- Take usual medication with water

PELVIC AND OBSTETRIC ULTRASOUND

- A full bladder is required
- **Drink1 litre of water and FINISH one hour before the examination**
- Do not void until after the ultrasound

FEMALE PELVIC ULTRASOUND

- A full bladder is required
- **Drink 1 litre of water and FINISH one hour before the examination**
- Do not void until after the ultrasound
- This exam includes a transvaginal ultrasound examination unless contraindicated

48 HOUR HOLTER MONITOR

- Unable to shower while monitor applied

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Access your patient's images and report at https://radiology.avantiahealth.ca/Portal/app

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