

PATIENT'S LAST NAME				PATIENT'S FIRST NAME				SEX F M													
HEALTH NUMBER				VERSION		DOB		DD	MM	YYYY											
ADDRESS						HOME NO.															
PATIENT EMAIL						MOBILE NO.															
X-Ray					Ultrasound (For preparation see over)																
CHEST RIBS L R CERVICAL SPINE THORACIC SPINE LUMBAR SPINE SACRUM / COCCYX SI JOINTS PELVIS PELVIS & HIPS L R ABDOMEN-VIEWS 1 2 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 _____					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 NUCHAL TRANS. 1 ST TRIMESTER (DATING) ANATOMY SURVEY ESTIMATED FETAL WT. BIOPHYSICAL PROFILE UTERINE / UMBILICAL / MCA DOPPLERS (CIRCLE) VASCULAR DOPPLER CAROTID PERIPHERAL L R VENOUS LEGS PERIPHERAL L R VENOUS ARMS PERIPHERAL L R ARTERIAL LEGS PERIPHERAL L R ARTERIAL ARMS RENAL L R					
Cardiac					Pediatric X-Ray			Pediatric Ultrasound													
ADULT ECHOCARDIOGRAM 48-HOUR HOLTER MONITOR 72-HOUR HOLTER MONITOR 14-DAY EVENT MONITOR					ABDOMEN CHEST OTHER _____			ABDOMEN PELVIS OTHER _____													
Pertinent Clinical Information (required)																					
REQUISITIONING PROVIDER'S NAME					REGISTRATION NO.			PHONE NO.													
PROVIDER'S SIGNATURE							DATE		DD	MM	YYYY										
OHIP BILLING NO. (required)																					

Booking Your Examination

The quickest way to book your exam is by completing our online booking form located on our website:

avantiahealth.ca/online-booking-request

If you do not have access to a computer or smartphone, you can book via telephone at 613-714-1000.

Note to Referring Healthcare Providers re: Immobile Patients

Avantia Medical Imaging cannot accommodate patients with significant mobility issues. These patients should be referred to a hospital with appropriate lift equipment.

Preparing For Your Examination

Abdominal Ultrasound

- Nothing to eat or drink after midnight.
- No breakfast.
- Take usual medication.

Abdominal & 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 & Obstetric 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.

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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Tel: 613.714.1000 Fax: 613.728.1120
AvantiaHealth.ca

Access your patient's images and report at
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: health.gov.on.ca/en/public/programs/ihf/facilities.aspx