General Medical Imaging Request Form

Sinai Health System
❒ 600 University Av. Toronto, Ont.

UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute
❒ TGH 585 University Av. Toronto, Ont.
❒ TWH 399 Bathurst St. Toronto, Ont.
❒ PM 610 University Av. Toronto, Ont.

WCHI Women's College Hospital
❒ 76 Grenville St. Toronto. Ont.

Date: _____
yyyy / mm / dd

Patient Email Address:

MEDICAL IMAGING REQUEST FORM

Patient's last name:	**Patient's first name:**
Address:	**Date of birth** DD/MM/YYYY
City: **Province:**	**Postal Code:**
Phone	**Mobile:**
Health card number:	**Version code:**
Provider:	
Address:	
Phone number:	**Fax number:**
CPSO number:	
CC reports to:	**Date:**

Exam Requested:

Clinical history and indication: (Please specify need for service and the testing required:

HCV+; screen for hepatocellular carcinoma (HCC).
Please include assessment of liver parenchyma, nodularity,
spleen size, and presence of ascites or portal hypertension.

Previous applicable surgery:

ULTRASOUND

GENERAL ULTRASOUND
- ❒ Abdomen (gallbladder, pancreas, spleen, liver, kidneys, aorta)
- ☒ Abdomen/pelvis complete
- ❒ KUB (kidneys, ureters, urinary bladder)
- ❒ Hernia only

FEMALE PELVIS
- ❒ Pelvis
- ❒ Transvaginal
- ❒ Sonohysterogram

OBSTETRICAL
- ❒ Dating
- ❒ NT
- ❒ Anatomic
- ❒ NT (11+3-13+3 weeks) + Anatomic (19-20 weeks)
- ❒ Biophysical Profile
- ❒ Assessment of Fetal growth

SHS: Please complete CEOU Requisition

SMALL PARTS
- ❒ Face
- ❒ Thyroid
- ❒ Neck
- ❒ Chest
- ❒ Groin
- ❒ Scrotum
- ❒ Soft tissue/lump

VASCULAR
- ❒ Leg Doppler (Venous only) Bil R L
- ❒ Arm Doppler (Venous only) Bil R L

MSK
- ❒ **Type:** _____

MALE PELVIS
- ❒ Pelvis (transabdominal, includes bladder, prostate semminal vesicles)

Other: _____

Specify language for interpreter if required:

X-RAY

SPINE & PELVIC:
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar Spine
- ❒ Sacrum
- ❒ Coccyx
- ❒ SI joint
- ❒ Pelvis
- ❒ Pelvis & Hips
- ❒ 3 Foot Spine
- ❒ Skeletal Survey
- ❒ Other:

UPPER EXTREMITIES:

R	L	
❒	❒	Clavicle
❒	❒	A.C. Joints
❒	❒	Shoulder
❒	❒	Scapula
❒	❒	Humerus
❒	❒	Elbow
❒	❒	Forearm
❒	❒	Wrist
❒	❒	Scaphoid
❒	❒	Hand
❒	❒	Digit 1 2 3 4 5

LOWER EXTREMITIES:

R	L	
❒	❒	Hip
❒	❒	Femur
❒	❒	Knee
❒	❒	Tib. & Fib
❒	❒	Ankle
❒	❒	Foot
❒	❒	Toe 1 2 3 4 5
❒	❒	Calcaneus
❒	❒	3 feet or 4 feet leg
❒	❒	Other:

❒ ABDOMEN:

HEAD & NECK
- ❒ Single
- ❒ 2 Views

SOFT TISSUES:
- ❒ Orbits Pre-MRI
- ❒ Other:

CHEST:
- ❒ Chest PA & LAT
- ❒ Chest PA Immigration
- ❒ Ribs R L Bil
- ❒ Sterno-Clavicular JTS.
- ❒ Sternum
- ❒ Other: _____

PROVIDER'S SIGNATURE: _____

BILLING NUMBER: _____

BREAST IMAGING

❒ Mammogram:	Bil	R	L
❒ Breast Ultrasound:	Bil	R	L
❒ Axilla Ultrasound:	Bil	R	L
❒ Stereotactic Core BX:	Bil	R	L
❒ U/S Core BX:	Bil	R	L
❒ Fine Needle Aspiration:	Bil	R	L
❒ Galactography:	Bil	R	L
❒ Consultation/Review of Outside Films:	Bil	R	L
❒ Pre-Op Localization:	Bil	R	L

Previous Mammogram & Ultrasound ❒ Yes ❒ No
When & Where:

NUCLEAR MEDICINE
- ❒ Exercise Myocardial Perfusion Scan
- ❒ Persantine Myocardial Perfusion Scan
- ❒ Whole Body Bone Scan
- ❒ Specific Site Bone Scan (specify site):
- ❒ Tc-99m Thyroid Scan
- ❒ 2 & 24h Radioactive Iodine Uptake (RAIU)
- ❒ Parathyroid Scan
- ❒ Other:
- ❒ Salivary Gland Scan
- ❒ Biliary Scan
- ❒ Liver/Spleen Scan
- ❒ Esophageal Motility and Reflux
- ❒ C-14 Breath Test (H. Pylori)
- ❒ Gastric Emptying Scan
- ❒ Ventilation/Perfusion (V/Q) Lung Scan
- ❒ Renal Scan
- ❒ Bone Mineral Densitometry
  - High Risk ❒
  - Routine ❒

D 7 4 2 7

Sinai Health System
❒ 600 University Av. Toronto, Ont.

UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute
❒ TGH 585 University Av. Toronto, Ont.
❒ TWH 399 Bathurst St. Toronto, Ont.
❒ PM 610 University Av. Toronto, Ont.

WCHRI WOMEN'S COLLEGE HOSPITAL Health care for women | REVOLUTIONIZED
❒ 76 Grenville St. Toronto. Ont.

General Medical Imaging Request Form

Modality *(ALL AREAS ARE SCENT FREE)*	**Mount Sinai Hospital (MSH)**		**University Health Network** (Toronto General Hospital) (Toronto Western Hospital) (Princess Margaret Hospital)		**Women's College Hospital (WCH)**	
	TEL.	**FAX**	**TEL.**	**FAX**	**TEL.**	**FAX**
❒ **X-ray (General Imaging)**	416-586-4411	416-586-8866	TGH: 416-340-3365 TWH: 416-603-5871	416-340-4661	416- 323-7515	416-323-6316
❒ **Breast Imaging (Previous Mammogram or Ultrasound When: _____and Where: _____)**	416-586-4422	416-586-4714	416-946-2889	416-946-4500	416-323-6400 EXT 3080 416-323-6400 EXT 6358 (OBSP)	416-323-6316
❒ **Nuclear Medicine**	416-586-4446	416-586-8730	416-340-3311	416-340-4661	416-323-6400 EXT 6184	416-323-6311
❒ **Ultrasound**	416-586-4450	416-586-1569	416-340-3384	416-340-4661	416-323-6400 EXT 4829	416-323-6311