HEADWATERS Health Care Centre

Booking Office
Phone: 519-941-2410 Ext. 2211
Fax: 519-941-7726

Pregnant: ☐ Yes ☐ No

Patient (Required) **DOB**

Address

Phone # **Health Card#**

Xray & Ultrasound Requisition

Without this SIGNED requisition your exam CANNOT be performed.
Please arrive 15 minutes early prior to exam time. Late patients may be required to reschedule exam.
Please bring your Ontario Health Card.

Incomplete requests will be returned, resulting in a delay of booking.

X-Ray (No appointment needed)

Spine & Pelvis
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Scoliosis series

Gastric (by appointment)
- ☐ Upper GI Series
- ☐ Modified Swallow

Bone Density (by appointment)
- ☐ Baseline (one per lifetime)
- ☐ First screening recheck (36 months after normal baseline)
- ☐ Screening recheck other than first (one every 60 months)
- ☐ High risk (one every 12 months): Must include reason:

Upper Extremity

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

Head & Neck
- ☐ Neck for Soft Tissues
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ T.M. Joints

Chest & Abdomen
- ☐ Chest PA & LAT
  - ☐ Ribs ☐ R ☐ L
- ☐ Sternoclavicular Joints
- ☐ Sternum
- ☐ Abdomen: Supine
- ☐ Abdomen: Upright and Supine

Lower Extremities

☐ Hip	☐ R	☐ L
☐ Femur	☐ R	☐ L
☐ Knee	☐ R	☐ L
☐ Tib & Fib	☐ R	☐ L
☐ Ankle	☐ R	☐ L
☐ Foot	☐ R	☐ L
☐ Calcaneus	☐ R	☐ L
☐ Leg Length	☐ R	☐ L
☐ Toe ☐ 1 ☐ 2 ☐3 ☐4 ☐ 5	☐ R	☐ L
☐ Other:		

Interventional (by appointment)

☐ Fine Needle Aspiration Site:	☐ Core Biopsy Site:	☐ Other Procedure:

Ultrasound (by appointment)
- ☐ OB – Before 16 weeks
- ☐ Anatomy scan (18-20 w)
- ☐ OB – Twin Pregnancy
- ☐ OB – other (specify): _____
- ☐ Abdomen – Complete
- ☐ Kidney
- ☐ AAA screening
- ☐ Abdomen - Limited (specify): _____
- ☐ Female Pelvis (including Trans Vaginal)
- ☐ Male Pelvis
- ☐ Hernia
- ☐ Neck

- Appendix
- Thyroid/ Parathyroid
- Neck
- Salivary glands
- Scrotum
- Pediatric hips

Breast	☐ L	☐ R
Musculoskeletal	☐ L	☐ R

Soft Tissue/ Mass
Site: _____

Other: _____

Vascular Doppler (by appointment)

☐ Arm Artery	☐ R	☐ L
☐ Leg Artery	☐ R	☐ L
☐ Arm Vein	☐ R	☐ L
☐ Leg Vein	☐ R	☐ L
☐ Leg Vein Incompetency	☐ R	☐ L
☐ Renal Arteries	☐ R	☐ L
☐ Carotid & Vertebral	☐ R	☐ L

Clinical Information (Required):

- ☐ Urgent report needed
- ☐ Follow up in Emergency

Ordering Physician _____ _____
(Print) (Signature)

Office Phone # _____ Date _____

C.C. _____

_____

Please refer to preparations exam sheet for the appropriate exam