Lincoln Diagnostic Imaging

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PATIENT NAME: _____

PATIENT ADDRESS: _____ PATIENT PHONE #: _____

D.O.B: _____ HEALTHCARD #: _____ VC: _____

APPOINTMENT DATE: _____ TIME: _____

REFERRING PHYSICIAN NAME: _____ CC PHYSICIAN: _____

PHYSICIAN SIGNATURE: _____ BILLING # _____

PHYSICIAN PHONE #: _____ PHYSICIAN FAX #: _____

REASON FOR TEST: _____

ULTRASOUND

OBSTETRICAL
- ❑ EARLY DATING
- ❑ NUCHAL TRANSLUCENCY (11 TO 14 WEEKS)
- ❑ ANATOMICAL ASSESSMENT
- ❑ GROWTH
- ❑ BIOPHYSICAL PROFILE
- ❑ LIMITED (I.E.FETAL PRESENTATION)
- ❑ HIGH RISK/COMPLICATIONS

SMALL PARTS
- ❑ THYROID
- ❑ PAROTID
- ❑ SUBMANDIBULAR GLAND
- ❑ SOFT TISSUE FACE & NECK

ABDOMEN/PELVIS
- ❑ ABDOMEN
- ❑ ABDOMEN LTD - **SPECIFY:** _____
- ❑ AORTA (AAA)
- ❑ KIDNEYS & BLADDER
- ❑ APPENDIX
- ❑ PELVIC ❑ FEMALE ❑ MALE
- ❑ TRANSVAGINAL
- ❑ PELVIC & TRANSRECTAL OF PROSTATE GLAND (TRUS)
- ❑ SCROTUM
- ❑ HERNIA ASSESSMENT
  - ❑ INGUINAL
  - ❑ ABDOMINAL WALL

MUSCULOSKELETAL
- ❑ SHOULDER (R) (L)
- ❑ ELBOW (R) (L)
- ❑ WRIST (R) (L)
- ❑ HAND (R) (L)
- ❑ DIGIT # _____ (R) (L)
- ❑ ADULT HIP (R) (L)
- ❑ KNEE (R) (L)
- ❑ ACHILLES TENDON (R) (L)
- ❑ ANKLE (R) (L)
- ❑ FOOT (R) (L)
- ❑ TOE # _____ (R) (L)
- ❑ PLANTAR FASCIA (R) (L)
- ❑ LUMP/BUMP (R) (L)
- ❑ OTHER: _____

VASCULAR
- ❑ CAROTID
- ❑ AORTA / ILIAC ARTERIES
- ❑ PORTAL VEIN
- ❑ A.B.I.
- ❑ LOWER EXTREMITY
  - ❑ ARTERIAL (R) (L)
  - ❑ VENOUS (DVT) (R) (L)
- ❑ UPPER EXTREMITY
  - ❑ ARTERIAL (R) (L)
  - ❑ VENOUS (DVT) (R) (L)
- ❑ OTHER: _____

BONE DENSITY (DEXA)
- ❑ 1st Baseline BMD In Ontario
- ❑ Low Risk (2nd test - 36 months)
- ❑ Low Risk (3rd+ test - 60 months)
- ❑ High Risk (once every 12 months)

IN ACCORDANCE WITH MINISTRY OF HEALTH ORDERING GUIDELINES

BREAST IMAGING - Done at Barclay Imaging
- ❑ BREAST ULTRASOUND (R) (L)
- ❑ SCREENING MAMMOGRAM (NON-OBSP)
- ❑ DIAGNOSTIC MAMMOGRAM (R) (L)

IMPLANTS ❑ YES ❑ NO

AND/OR CHECK REASON FOR TESTING:

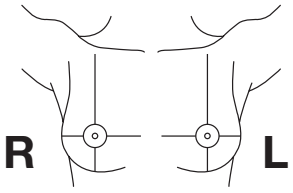
❑ LUMP ❑ DISCHARGE ❑ PAIN ❑ SWELLING

- ❑ ADDITIONAL IMAGING IF TEST RESULT IS POSITIVE / ABNORMAL

ontario breast screening program
a cancer care ontario program

Mammograms starting Summer 2026

- ❑ OBSP - SCREENING MAMMOGRAM



Indicate area of concern on diagram

X-RAY (no appointment required)

CHEST
- ❑ CHEST P.A. & LAT.
- ❑ CHEST P.A.
- ❑ RIBS (R) (L)
- ❑ STERNUM

ABDOMEN
- ❑ ABDOMEN
- ❑ ABDOMEN KUB

HEAD & NECK
- ❑ SKULL
- ❑ SINUSES
- ❑ FACIAL BONES
- ❑ SOFT TISSUE OF NECK
- ❑ ORBITS FOR MRI
- ❑ MANDIBLE

SPINE & PELVIS
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ SACRUM & COCCYX
- ❑ S.I. JOINTS
- ❑ PELVIS
- ❑ THORACOLUMBAR SPINE (SCOLIOSIS SERIES)
- ❑ SKELETAL SURVEY

UPPER EXTREMITIES
- ❑ ACROMIOCLAVICULAR (A.C.)
- ❑ CLAVICLE (R) (L)
- ❑ HUMERUS (R) (L)
- ❑ SHOULDER (R) (L)
- ❑ ELBOW (R) (L)
- ❑ FOREARM (R) (L)
- ❑ WRIST (R) (L)
- ❑ HAND/DIGITS (R) (L)

LOWER EXTREMITIES
- ❑ HIP (R) (L)
- ❑ FEMUR (R) (L)
- ❑ KNEE (R) (L)
- ❑ TIBIA & FIBULA (R) (L)
- ❑ ANKLE (R) (L)
- ❑ FOOT/TOES (R) (L)
- ❑ CALCANEUS (R) (L)

STAT ❑ : _____

PATIENT INSTRUCTIONS

IMPORTANT

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

ULTRASOUND

1. OBSTETRICAL AND PELVIC ULTRASOUND: This test can only be done with the urinary bladder full. To fill your bladder you must finish drinking 40oz / 1L of liquids *(no carbonated drinks)* 1 hour prior to the appointment time. Do not empty your bladder until after the test.

2. PELVIC MALE:

Prostate & Bladder - Drink 40oz / 1L of liquid *(no carbonated drinks)* 1 hour before the appointment. Do not empty your bladder until after the test.

TRUS/Transrectal - Take a laxative of your choice 24 hours prior to exam.

3. ABDOMINAL ULTRASOUND:

Morning Appointment (before 1PM) - No solid foods or liquids after midnight.

Afternoon Appointment (after 1PM) - You may eat a light breakfast (dry toast, black tea, coffee, juice) before 8AM. **No dairy products.** Do not eat lunch.

4. COMBINED ABDOMINAL AND PELVIC: No solid food or dairy products after midnight. You must finish drinking 40oz / 1L of water *(no carbonated drinks)* 1 hour prior to the appointment time. Do not empty your bladder until after the test.

BREAST IMAGING

MAMMOGRAM: Please wear a two-piece outfit. Do not use underarm deodorant or talcum powder the day of the test. For 2 days prior to your test - limit beverage or food that contain caffeine.

BONE DENSITY

Please bring a list of your medications for the Technologist to review. This information is part of the patient history that is recorded for your bone density study. Please do not take any calcium tablets for 24hrs prior to your appointment. If you have had a test that required the injection of dye, use of barium or nuclear medicine, your appointment should be scheduled at least 2 weeks after your test.

Check with your physician regarding your medication and that these preparations are right for you.

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.