

IMAGING HOURS

Ultrasound: Mon to Sat, 9 am to 6 pm

X-ray walk-in: hours vary by day; call or see the website

Directors of Medical Imaging: Dr. K. Merali & Dr. R. Chou

PATIENT INFORMATION

Patient's Name _____

OHIP # _____ Version Code _____

Date of Birth (MM/DD/YYYY) _____ ☐ Male ☐ Female

Tel: _____

APPOINTMENT

Date _____

Time _____

REQUEST FOR STAT REPORTS

Verbal / Tel: _____

Fax: _____

CC _____

GENERAL X-RAY | ULTRASOUND | MSK | CARDIAC TESTS | BONE MINERAL DENSITY

ULTRASOUND · BY APPOINTMENT

GENERAL

☐ Abdomen

☐ Pelvis

☐ Transvaginal

☐ Male Pelvis

☐ Transrectal / Prostate / Pelvis

☐ Kidneys and Bladder

OBSTETRICAL

☐ First Trimester / Dating

☐ IPS / Nuchal Translucency (11 to 14 weeks)

☐ 2nd or 3rd Trimester

☐ 18 Weeks Anatomy

☐ Biophysical Profile (BPP)

SMALL PARTS

☐ Testes / Scrotum

☐ Thyroid

☐ Parotid Glands

☐ Submandibular Glands

☐ Groin / Inguinal

☐ Soft Tissue / Lump

MUSCULOSKELETAL

UPPER EXTREMITY

☐ Shoulder / AC Joint

☐ Elbow

☐ Wrist / Hand

☐ Periscapular Region

☐ Arm

☐ Forearm

LOWER EXTREMITY

☐ Hip

☐ Knee

☐ Ankle / Foot

☐ Achilles Tendon

☐ Plantar Fascia

☐ Gluteal Region

☐ Hamstring

☐ Thigh

☐ Calf

☐ Other Muscles: _____

BREAST IMAGING & CARDIAC

BREAST ULTRASOUND

☐ Right

☐ Left

☐ Bilateral

CARDIAC CONSULTATION & TESTS

☐ Cardiology Consultation

☐ Echocardiogram

☐ Stress Echo

☐ Contrast Echo / Stress Echo

☐ Stress ECG Test

☐ ECG

☐ 24/48/72 Hrs Holter Monitoring

☐ 14 Days Cardiac Loop Monitoring

Accredited Echocardiography Laboratory

X-RAY · NO APPOINTMENT NEEDED

CHEST

☐ Chest PA & LAT

☐ Ribs ☐ R ☐ L

☐ Chest PA INS & EXP

☐ Sternum

SURVEYS

☐ Arthritic

☐ Metastatic

ABDOMEN · SPINE & PELVIS

☐ Single View (K.U.B.)

☐ 3 Views

SPINE & PELVIS

☐ Cervical Spine

☐ Thoracic Spine

☐ Lumbar Spine

☐ Sacrum / Coccyx

☐ S.I. Joints

☐ Pelvis

☐ Hip

HEAD & NECK

☐ Skull

☐ Adenoids

☐ Facial Bones

☐ Nose

☐ Mandible

☐ T.M. Joints

☐ Mastoids

☐ Orbits / MRI

UPPER EXTREMITIES

☐ Clavicle

☐ A.C. Joints

☐ S.C. Joints

☐ Shoulder

☐ Scapula

☐ Humerus

☐ Elbow

☐ Forearm

☐ Wrist

☐ Hand

☐ Finger # _____

☐ Bone Age

LOWER EXTREMITIES

☐ Femur ☐ R ☐ L

☐ Knee ☐ R ☐ L

☐ Tib. & Fib. ☐ R ☐ L

☐ Ankle ☐ R ☐ L

☐ Foot ☐ R ☐ L

☐ Toe # _____

☐ Calcaneus ☐ R ☐ L

BONE DENSITY AND CARDIOVASCULAR

☐ Bone Mineral Density (DEXA)

☐ Stress Echo

☐ Stress ECG Test

☐ Carotid Doppler

☐ Leg Arteries

☐ Leg Veins

Available at: 45 Overlea Blvd., Suite B6, Lower Level, East York Town Centre, Toronto, ON M4H 1C3.

To book an appointment, call (416) 421-5065.

CLINICAL INFORMATION

REFERRING PHYSICIAN'S SIGNATURE

Ultrasounds are by appointment. Please arrive 15 minutes before appointment time. Patients who arrive late for their appointment may be rebooked. Please call 24 hours in advance if you need to change your appointment.

See reverse side for patient instructions. Please bring your health card and this requisition.

Revised July 2026

HOW TO FIND US

We are **NOT** in Victoria Terrace Shopping Mall. We are beside the Drive-Thru Tim Hortons plaza, in the Curlew Healthcare building at 1252 Lawrence Avenue East, Unit 201.

Our entrance and free patient parking (lower and upper levels) are at the back of the building, off Curlew Drive, with a wheelchair-accessible ramp.

PATIENT INSTRUCTIONS FOR ULTRASOUND PROCEDURES**Abdomen**

Nothing to eat or drink for 8 hours prior to examination.

Pelvis / Pregnancy (Obstetrical)

1 hour before appointment, drink 40 fluid ounces (5 glasses) water, tea, coffee or juice. Do not void since a full bladder is required for the examination.

Abdomen & Pelvis

Nothing to eat for 10 hours prior to examination. 1 hour before appointment, finish drinking 5 glasses (40 ounces) of water. Do not void as full bladder is required for pelvic exam.

Male Pelvis / Transrectal Combined

Purchase Fleet Enema from pharmacy. Proceed with enema 2 hours prior to exam following instructions on the package. Finish drinking 5 glasses of water 1 hour before examination. Do not empty your bladder.

Stress Echo / Test

Ask your doctor if you should be stopping any of your medications. Please wear a pair of runners.

Holter Monitoring

Be prepared for NO SHOWER during 24 / 48 / 72 hours.

(This requisition form can be taken to any licensed facility providing healthcare services.)