Phone: 647-557-2262
Fax: 905-417-2265
Address: 9600 Bathurst Street, suite 302, Vaughan, ON
Web: www.vitalim.me
Email: vitalimdiagnosticimaging@proton.me

VITALIM Diagnostic Imaging

Patient name: _____ **Referring MD:** _____
Date of birth: _____ Billing number: _____
Sex: _____ Tel: _____
Health card: _____ Fax: _____
Tel: _____ CC doctor: _____

PLEASE REMEMBER TO BRING A VALID HEALTH CARD TO YOUR APPOINTMENT

CLINIC USE ONLY:

Technologist name:

Special notes:

X-RAY (by appointment)

ABDOMEN
- ☐ Single
- ☐ Acute

HEAD & NECK
- ☐ Neck for soft tissues
- ☐ Adenoids
- ☐ Skull
- ☐ Facial bones
- ☐ Nasal bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Mastoids
- ☐ Orbits

CHEST & RIBS
- ☐ Chest PA & LAT
- ☐ Chest PA
- ☐ Ribs Right
- ☐ Ribs Left
- ☐ Sterno-Clavicular Joints
- ☐ Sternum

SPINE & PELVIS
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Hips
- ☐ Scoliosis series
- ☐ Bone age

LOWER EXTREMITIES

	L	R	B
Hip	☐	☐	☐
Femur	☐	☐	☐
Knee	☐	☐	☐
Tibia-Fibula	☐	☐	☐
Ankle	☐	☐	☐
Foot	☐	☐	☐
Os Calcis	☐	☐	☐
Toe 1 2 3 4 5	☐	☐	☐

UPPER EXTREMITIES

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

☐ Other_____

I DECLARE THAT I AM NOT PREGNANT (patient name)
_____

MAMMOGRAPHY

(by appointment)
- ☐ OBSP
- ☐ Bilateral Mammogram

R	L	
☐	☐	Unilateral mammogram
☐	☐	Cone views/MAG
☐		Breast implants

BONE DENSITY STUDIES

(by appointment)
- ☐ Baseline
- ☐ Low risk after 3 years
- ☐ Low risk after 5 years
- ☐ High risk after 1 year

☐ **STAT**

ULTRASOUND (by appointment)
- ☐ Abdomen
- ☐ Pelvis Transabdominal
- ☐ Pelvis Transvaginal
- ☐ Prostate
- ☐ Kidneys & Bladder
- ☐ Hernia
- ☐ Thyroid ☐ Neck
- ☐ Testicular
- ☐ R ☐ L Breast

OBSTETRICAL
- ☐ Early OB/dating
- ☐ IPS (11-14 weeks)
- ☐ Anatomy scan (18-20w)
- ☐ High risk
- ☐ Other_____

MUSCULOSKELETAL

	R	L	B
Shoulder	☐	☐	☐
Elbow	☐	☐	☐
Wrist	☐	☐	☐
Knee	☐	☐	☐
Ankle	☐	☐	☐
Foot	☐	☐	☐

NUCLEAR CARDIOLOGY

(by appointment)
- ☐ Myocardial Perfusion imaging
  - ☐ Persantine
  - ☐ Exercise
- ☐ MUGA

CLINICAL HISTORY

DOCTOR'S SIGNATURE

PATIENT PREPARATION AND INSTRUCTIONS

Ultrasound:
Abdomen: Fasting overnight or minimum 12 hours
Pelvis transabdominal: Drink 8 glasses of liquid 1 hour before the test
Prostate: Drink 8 glasses of liquid 1 hour before the test
Mammogram No lotion or deodorant under armpits

Myocardial Perfusion: NO SHOW SUBJECT TO A FEE
No caffeine for 24 hours
No beta-blocker medication for 24 hours: ex. Metoprolol, Bisoprolol
No erectile dysfunction medications for 72 hours
Please wear comfortable clothes and shoes

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