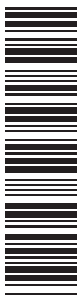


NORTH YORK GENERAL
Making a World of Difference

General Site-4001 Leslie Street
Toronto On M2K 1E1

Outpatient & Community Services Centre
South Entrance-2 Champagne Drive
Toronto On M3J 0K2

Medical Imaging Department
REQUISITION
X-RAY, ULTRASOUND, BREAST IMAGING, BMD, NUCLEAR MEDICINE

Patient LABEL / Identification Area

Apt Date:	Apt Time:	Initial

Clinical Information/Indication for test: ______________________________

____

X-RAY open 7 days a week 8am – 8pm . No appointment needed (P) 416-756-6167 (F) 416-756-6370

Chest & Abdomen

- ❑ Chest PA & Lat
- ❑ Ribs ❑ R ❑ L & Chest PA
- ❑ Abd Single View (KUB)
- ❑ Abd Series (2V) & Chest PA

Spine

- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbar
- ❑ Sacrum & Coccyx
- ❑ Scoliosis
  - ❑ AP ❑ AP/LAT

Head & Neck

- ❑ Skull
- ❑ Facial Bones
- ❑ Nasal Bones
- ❑ Mandible
- ❑ Soft Tissue Neck

Skeletal Survey

- ❑ Metastatic
- ❑ Bone Age Study

Other__________________

____

Upper Extremity

- ❑ Shoulder ❑ R ❑ L
- ❑ Clavicle ❑ R ❑ L
- ❑ Scapula ❑ R ❑ L
- ❑ AC Joints (Bilateral)
- ❑ Humerus ❑ R ❑ L
- ❑ Elbow ❑ R ❑ L
- ❑ Forearm ❑ R ❑ L
- ❑ Wrist ❑ R ❑ L
- ❑ Scaphoid ❑ R ❑ L
- ❑ Hand ❑ R ❑ L
- ❑ Fingers ❑ R ❑ L
  #1 2 3 4 5

Lower Extremity

- ❑ Pelvis
- ❑ Hip ❑ R ❑ L
- ❑ Femur ❑ R ❑ L
- ❑ Knee ❑ R ❑ L
- ❑ Knee/Standing
  ❑ R ❑ L
- ❑ Bilat Standing PA Flexion
- ❑ Tibia/Fibula ❑ R ❑ L
- ❑ Ankle ❑ R ❑ L
- ❑ Foot ❑ R ❑ L
- ❑ Calcaneus ❑ R ❑ L
- ❑ Toe ❑ R ❑ L
  #1 2 3 4 5
- ❑ Bilat Standing Leg Length (hip to ankle)

ULTRASOUND (P) 416-756-6176 (F) 416-756-6370

- ❑ Abdomen Complete
- ❑ Abdomen Limited (GB, Liver, Renal etc.)
- ❑ Pelvis(Transabdominal)
- ❑ Transvaginal ❑Transrectal
- ❑ Testicle
- ❑ Hysterosonogram
- ❑ Thyroid/ Face & Neck

Obstetrical – Date of LMP ___________

- ❑ Dating IPS NT
- ❑ Anatomical
- ❑ Pregnancy Medically Indicated

Doppler : ❑ Rt ❑ Lt ❑ Bilateral

- ❑ Carotid
- ❑ Arterial Upper / Lower Extremity
- ❑ Venous Upper / Lower Extremity

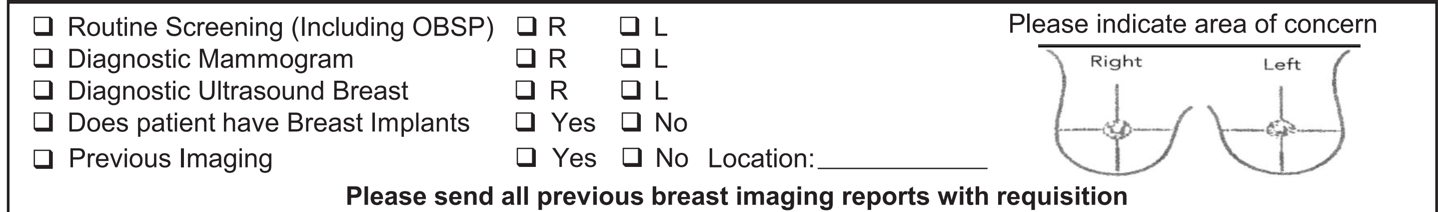
Neonatal

- ❑ Neonatal Brain
- ❑ Hips
- ❑ Spine

MSK:

❑ R ❑ L Extremity : ____________________

Other: ____________________



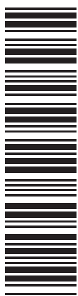
BREAST IMAGING SERVICES (P) 416-756-6931 (F) 416-756-6358

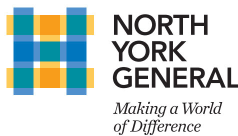
- ❑ Routine Screening (Including OBSP) ❑ R ❑ L
- ❑ Diagnostic Mammogram ❑ R ❑ L
- ❑ Diagnostic Ultrasound Breast ❑ R ❑ L
- ❑ Does patient have Breast Implants ❑ Yes ❑ No
- ❑ Previous Imaging ❑ Yes ❑ No Location:____________

Please indicate area of concern

Please send all previous breast imaging reports with requisition

Approved By: Manager, Medical Imaging Department; Approval Date: October, 2019 (archive: N/A)





General Site-4001 Leslie Street
Toronto On M2K 1E1

Outpatient & Community Services Centre
South Entrance-2 Champagne Drive
Toronto On M3J 0K2

Medical Imaging Department
REQUISITION
X-RAY, ULTRASOUND, BREAST IMAGING, BMD, NUCLEAR MEDICINE

FORM SF0180 **Rev. 05/2020**

Patient LABEL / Identification Area

BONE MINERAL DENSITOMETRY (BMD) (P) 416-756-6931 (F) 416-756-6358

❑ Baseline ❑ Low Risk ❑ High Risk Last BMD Date: ________________

NUCLEAR MEDICINE (P) 416-756-6258 (F) 416-756-5995

Bone Scan: ❑ Whole Body ❑ Specific Site
Gallium Scan: ❑ Whole Body ❑ Specific Site
Thyroid: ❑ Uptake & Scan ❑ Scan Only ❑ Uptake Only
Parathyroid: ❑ Scan
Liver : ❑ Hemangioma (RBC) ❑ Liver / Spleen (Sulfur Colloid)
Renal: ❑ Scan ❑ Captopril (HTN) ❑ Lasix (? Obstruction)

❑ Brain Scan SPECT
❑ Biliary Scan (HIDA)
❑ Lung Scan (V/Q)
❑ Meckels
❑ Gastric Emptying Scan
❑ Salivary Scan
❑ I-131 Whole Body Scan
❑ Cardiac - Pyrophosphate Scan (Amyloid protocol)

❑ Other ________________

Provider Information

Physician Name: ________________

Address: ________________

Phone Number: ________________

Fax Number: ________________

CPSO Number: ________________

Copy To: ________________

Physician
Signature: ________________
Date: ________________

- **By the use and submission of this requisition, the MRP is acknowledging that NYGH can use telephone, text message, or email communication to schedule and coordinate appointments.**
- **Interpreter recommended for non-English speaking patients.**

❑ **I approve the radiologist to order additional examinations related to the current investigation on my behalf. Physician Initials:** ________

For all online requisitions and preparation instructions please visit www.nygh.on.ca/medicalimaging

MRI – Phone: 416-756-6118 Fax: 416-756-6353
Cardio- Resp : Phone: 416-756-6064 Fax: 416-756-6066
Interventional/Fluoroscopy - Phone: 416-756-6189 Fax 416-756-6766
Pre-Op Breast Localization, Thyroid Biopsy: Phone: 416-756-6172 Fax: 416-756-6370
Breast Imaging: Phone: 416-756-6931 Fax: 416-756-6358
Third Party-Phone: 416-756-6823 Fax: 416-756-6399
General X-ray : Phone:416-756-6167 (No appointments necessary. Open 7 days/wk 8am – 8pm)
Ultrasound -: Phone: 416-756-6176 Fax: 416-756-6370