MOBILE DIAGNOSTIC IMAGING

Tel: 416-572-7480
Fax: 416-572-4239
www.mdimaging.ca

PATIENT INFORMATION (Patient label can be placed below)

Last Name: _____ First Name: _____ Sex: ☐M ☐F

Health Card Number _____ Version _____ Date of Birth YY _____ MM _____ DD _____

Facility and requesting Doctor information

Facility Name _____ Doctor Name: _____

Home Area (Print) _____

STAMP HERE

MOBILE

RADIOLOGY / X-RAY

- ☐ CHEST
- ☐ RIBS L R
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBER SPINE
- ☐ SACRUM / COCCYX
- ☐ SI JOINTS
- ☐ PELVIS & HIPS L R
- ☐ ABDOMEN-VIEWS 1☐ 3☐
- ☐ SKULL
- ☐ OTHER _____

- ☐ CLAVICLE L R
- ☐ SHOULDER L R
- ☐ AC JOINTS L R
- ☐ HUMERUS L R
- ☐ ELBOW L R
- ☐ FOREARM L R
- ☐ WRIST L R
- ☐ HAND L R
- ☐ _____ FINGERS L R
- ☐ FEMUR L R
- ☐ KNEE L R
- ☐ TIB-FIB L R
- ☐ ANKLE L R
- ☐ FOOT L R
- ☐ _____ TOE L R

GENERAL & VASCULAR ULTRASOUND

- ☐ ABDOMEN
- ☐ PELVIS
- ☐ SCROTUM
- ☐ GROIN (Hernia)
- ☐ THYROID
- ☐ NECK
- ☐ BREAST L R
- ☐ OTHER _____

DOPPLER

- ☐ VENOUS ARMS L R
- ☐ VENOUS LEGS L R
- ☐ ARTERIAL LEGS L R
- ☐ ARTERIAL ARMS L R
- ☐ CAROTID L R

- ☐ LUMP / MASS
  Site _____

* CLINICAL INFORMATION *

REASON FOR EXAMINATION MUST COMPETED (RELEVANT HISTORY):

REQUISITIONING MEDICAL PRACTITIONER / RNEC & OHIP NO.

UNIT NO. & EXT.

PHYSICIANS / RNECS SIGNATURE	DATE	DAY	MO	YEAR
X				

ULTRASOUND PREPARATION

ABDOMEN

- MODIFIED DIET CONTAINING:
  - NO MEAT
  - NO FAT
  - NO DAIRY
- The day of the scheduled ultrasound until the ultrasound is completed.
- Clear fluids only to be served with meals
- Patients can take all medication as required

ABDOMEN & PELVIS

- Restricted Diet (see above) with addition of a full bladder.
- Patient will need to drink 32oz (approximately 1 litre) prior to the technologist's arrival.
- Technologist will call and advise of the time to have the patient start drinking. The patient should be instructed not to void until the exam is completed (understandably, at times this may be difficult)

ALL OTHER EXAMS

- No preparation is needed

Please note examinations requiring preparations may not all be completed prior to lunch. The directions provided will need to be followed for the duration of the scheduled appointment date.

MDI MOBILE DIAGNOSTIC IMAGING

Office
19834 Airport Road,
Caledon, ON L7K 0A1

For compliments / complaints
Tel: 416-572-4228 / 416-572-4245

For Appointment please call / fax
Tel: 416-572-7480
Fax: 416-572-4239
www.mdimaging.ca

we are non-emergency service provider. In case of emergency please send the patient to the hospital.

PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance