



PORT PERRY IMAGING 462 Paxton Street, Suite B07
Port Perry, ON L9L 1L9

Phone: 905-985-9727 Fax: 905-985-0479
www.portperryimaging.com

Accredited by CNN for Echocardiography Since 2016
Accredited for Mammography by the Canadian Association of Radiologist Since 1997
Accredited for Ultrasound by the American College of Radiology Since 1999
Fetal Medicine Foundation, Nuchal Translucency Screening Centre Since 2005
Ontario Breast Screening Program - Port Perry Affiliate Since 1997
Accredited for Bone Density by the Ontario Association of Radiologists Since 2008

OHIP Requires you present your health card and requisition at each visit

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs.

Name: _____

Date of Birth: _____ [] M [] F [] Other

Address: _____

Health Card/Version Code: _____

Phone: (day) _____ (eve.) _____

Your Appointment: _____ at _____

Please make necessary childcare arrangements during your exam; Children will not be allowed in the exam room

GENERAL AND OBSTETRIC ULTRASOUND APPOINTMENT REQUIRED

GENERAL ULTRASOUND:

- Abdomen Ltd. Abdomen
 - Abdomen Wall (mass/hernia)
 - Female Pelvis
 - Transvaginal
 - Male Pelvis (suprapubic only)
 - Transrectal (Prostate)
 - Renal (kidneys)
 - Other: _____
- BILAT L R**
- Breast
 - Groin for Hernia
 - Thyroid
 - Neck for LNs or other mass
 - Salivary Glands
 - Scrotum
 - Chest Wall

OBSTETRIC:

- 1st Trimester Dating
- eFTS 12w-13w6d (blood work)
- Nuchal Translucency 12w-13w6d
- Anatomic Survey (20-22 wks)
 - _____ Previous c-sections
- BPP & Fetal Growth
- Fetal position
- Biophysical Profile
- Other _____

CARDIAC NUCLEAR IMAGING APPOINTMENT REQUIRED

- Exercise perfusion imaging (sestamibi)
- Persantine perfusion imaging (sestamibi)
- Resting radionuclide ventriculogram (MUGA)
- Thallium, rest and redistribution (for viability)

VASCULAR ULTRASOUND APPOINTMENT REQUIRED

- Bi-Lateral Carotid Doppler
- Renal Arterial Doppler
- ABI Only

GENERAL NUCLEAR IMAGING APPOINTMENT REQUIRED

- Gallium Scan
- Hepatobiliary Scan
 - HIDA scan
 - Liver SPECT:
 - RBC scan for ?hemangioma
 - Sulfur colloid scan for ?FNH
- Bone Scan:
 - Whole Body
 - Single Site: _____
- V/Q scan
- Parathyroid scan
- Renal scan
 - function
- Salivary gland scan
- Thyroid scan:
 - 24hr uptake and scan

BILAT L R

- Venous Doppler Lower Extremities
- Venous Doppler Upper Extremities
- Arterial Doppler Lower Extremities
- Arterial Doppler Upper Extremities

MUSCULOSKELETAL ULTRASOUND APPOINTMENT REQUIRED

BILAT L R

- Shoulder
- Elbow
- Wrist and Hand
- Carpal Tunnel
- Hamstring

BILAT L R

- Calves
- Achilles' Tendon
- Foot
- Ankle
- Plantar Fascia

BILAT L R

- Hip
- Thigh
- Back
- Groin
- Knee

BONE MINERAL DENSITY APPOINTMENT REQUIRED

**Patient weight restriction <300lbs*

- Baseline (First BMD in Ontario)
- Low Risk (Once every 60 months)
- High Risk (Once every 12 months)

X-RAY NO APPOINTMENT REQUIRED

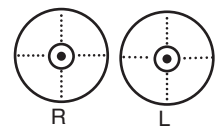
Site: _____

BREAST IMAGING APPOINTMENT REQUIRED

do not use deodorant, powders or cream on the breasts or underarms on the day of your exam

MAMMOGRAM

- Screening
- Other _____
- Papable Mass
- Implants



BILAT L R

Breast Ultrasound

CLINICAL INFO: _____

REF. MD.: _____

Physician Signature: _____

Billing: _____

CC: _____

Date: _____



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PREPARATION FOR CARDIAC AND GENERAL NUCLEAR MEDICINE TESTS

PLEASE DO NOT FORGET TO BRING YOUR HEALTH CARD AND A LIST OF ALL MEDICATIONS TO EACH APPOINTMENT

Persantine Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3

Exercise Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea, coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3
- Be prepared to Exercise (walk or run) on the treadmill - wear a T-Shirt, shorts or sweatpants and running shoes.
- **If permitted by your doctor**, the following medications should be stopped prior to your test (only if you are having an exercise test):

- metoprolol (Lopressor)
- acebutolol (Monitan; Sectral)
- diltiazem (Cardizem; Tiazac)
- carvedilol (Coreg)
- bisoprolol (Monacor)
- sildenafil (Viagra)
- vardenafil (Levitra)

**STOP FOR 24 HOURS
BEFORE THE TEST IF
PERMITTED BY YOUR
DOCTOR**

- atenolol (Tenormin)
- nadolol (Corgard)

**STOP FOR 48 HOURS BEFORE THE
TEST IF PERMITTED BY YOUR DOCTOR**

- tadalafil (Cialis)

**STOP FOR 72 HOURS
BEFORE THE TEST**

**THE ABOVE MEDICATIONS
MAY BE RESUMED AFTER THE TEST**

PLEASE BRING RESULTS OF OTHER RECENT TESTS, IF DONE ELSEWHERE AND AVAILABLE.

Biliary Scan

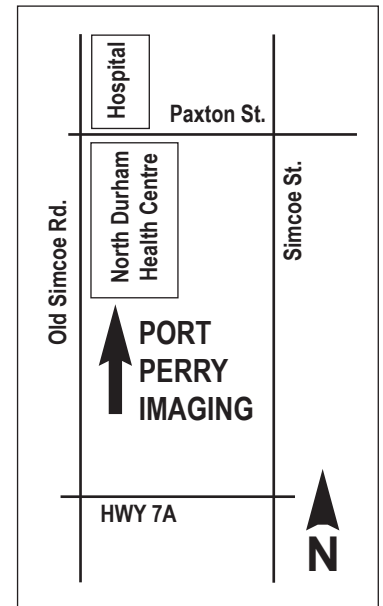
- Nothing to eat or drink for 4 hours prior to the scan

Thyroid Uptake and Scan

- If permitted by your doctor, stop Thyroxine 5 weeks before your test and stop Cytomel 3 weeks before your test
- No intravenous contrast material (CT, IVP or angiogram, and no seaweed (sushi)) for 5 weeks prior to your test
- Nothing to eat or drink for 4 hours prior to the scan.

Diabetics:

- If on oral medication, don't eat breakfast or take your diabetes medication the morning of the test. After the test, you may eat and take your medication
- If on Insulin, on the morning of the test, take half the normal dose and eat a light breakfast



DURATION OF TESTS

TEST

Myocardial Perfusion Imaging (Sestamibi)

Bone Scan

Thyroid Scan

All Other Nuclear Scans

Ultrasound, Doppler and Echo

Bone Mineral Densitometry

APPROXIMATE DURATION

1.5 hours in am day one and 1.5 hours in am day two

10 minutes, then 1 hour following a 2-3 hour delay

15 minutes day one and 1 hour day two

1 hour on a single day (some require up to a 4 hour delay after injection)

40 minutes

20 minutes - do not take calcium pill morning of exam

Our priority is *You*