



CCMSU MEDICAL IMAGING

240 DUNCAN MILL ROAD, Suite 804

Toronto, ON, M3B 3S6

Tel: 416.391.5778 | Fax: 416.391.5779

Email: info@ccmsu.com Web: ccmsu.com



PATIENT INFORMATION

PATIENT'S FIRST NAME

LAST NAME

DATE OF BIRTH

SEX

HEALTH NUMBER

DAY MONTH YEAR

TELEPHONE HOME

CELL

WORK

ADDRESS

TOWN/CITY

POSTAL CODE

STAT ☐

X-RAY

NO APPOINTMENTS REQUIRED FOR X-RAY

CHEST

- ☐ CHEST
☐ R ☐ L RIBS
☐ STERNUM

ABDOMEN

- ☐ SINGLE VIEW (K.U.B.)
☐ ACUTE
(2 VIEWS & PA CHEST)

SPINE & PELVIS

- ☐ CERVICAL SPINE
☐ C-SP: EXT & FLEX VIEWS
☐ THORACIC SPINE
☐ LUMBAR SPINE
☐ SACRUM/COCCYX
☐ S.I. JOINTS
☐ PELVIS
☐ R ☐ L HIP
☐ SCOLIOSIS

HEAD & NECK

- ☐ SKULL
☐ SINUSES
☐ FACIAL BONES
☐ NOSE
☐ MANDIBLE
☐ T.M. JOINTS
☐ MASTOIDS
☐ ORBITS/MR
☐ ADENOIDS

UPPER EXTREMITIES

- ☐ R ☐ L CLAVICLE
☐ R ☐ L A.C. JOINTS
☐ R ☐ L S.C. JOINTS
☐ R ☐ L SHOULDER
☐ R ☐ L SCAPULA
☐ R ☐ L HUMERUS
☐ R ☐ L ELBOW
☐ R ☐ L FOREARM
☐ R ☐ L WRIST
☐ R ☐ L HAND
☐ R ☐ L FINGER #____
☐ BONE AGE

LOWER EXTREMITIES

- ☐ R ☐ L FEMUR
☐ R ☐ L KNEE
☐ R ☐ L TIB. & FIB.
☐ R ☐ L ANKLE
☐ R ☐ L FOOT
☐ R ☐ L CALCANEUS
☐ R ☐ L TOE #____



LIVER PROGRAM

BY APPOINTMENT ONLY

For more information, please contact our office at 416-391-5778.

- 1). ☐ ABDOMEN ULTRASOUND (FOR LIVER ASSESSMENT)

- 2). ☐ QUANTITATIVE ULTRASOUND OF THE LIVER

(Hepatic Steatosis (Fatty Liver %) Evaluation)

- 3). ☐ SHEAR WAVE ELASTOGRAPHY OF THE LIVER

(Fibrosis Evaluation)



Please provide the following laboratory data (if available) ALT _____ AST: _____ GGT: _____ ALP: _____ Bilirubin: _____ Platelet count: _____

ULTRASOUND

BY APPOINTMENT ONLY

GENERAL

- ☐ ABDOMEN
☐ FEMALE PELVIS ☐ TRANSVAGINAL

MALE PELVIS

- ☐ TRANSABDOMINAL (Bladder)
☐ TRANSRECTAL (Prostate)

OBSTETRICAL

- ☐ OBS <16 wks LMP: _____
☐ OBS >16 wks WEEKS: _____
☐ BPP
☐ HIGH RISK

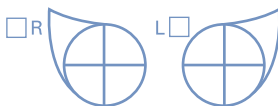
- ☐ NECK ☐ SALIVARY GLANDS ☐ LYMPH NODES

- ☐ SCROTUM/TESTICLES

- ☐ THYROID

- ☐ BREAST

- ☐ AXILLA



MUSCULOSKELETAL

BILATERAL COMPARISON IS RECOMMENDED

UPPER EXTREMITY

- ☐ R ☐ L SHOULDER / AC JOINT
☐ R ☐ L NECK AREA
☐ R ☐ L CHEST WALL
☐ R ☐ L ELBOW ☐ LATERAL ☐ MEDIAL
☐ R ☐ L WRIST/HAND ☐ EXTENSORS ☐ FLEXORS ☐ CTS

LOWER EXTREMITY

- ☐ R ☐ L GROIN/HIP ☐ ABDOMINAL WALL ☐ INGUINAL REGION
☐ HIP FLEXORS ☐ ADDUCTORS

- ☐ R ☐ L KNEE
☐ R ☐ L POITTEAL FOSSA
☐ R ☐ L CALVES
☐ R ☐ L ANKLE / FOOT
☐ R ☐ L ACHILLES TENDON
☐ R ☐ L PLANTAR FASCIA
☐ R ☐ L HAMSTRING
☐ R ☐ L OTHER AREA: _____



VASCULAR LAB

CAROTIDS ARTERIAL

- ☐ R ☐ L ARTERIAL ARMS
☐ R ☐ L THORACIC OUTLET SYNDROME
☐ R ☐ L LOWER ARTERIAL LEGS
(Includes Aorta and Iliac arteries)

- ☐ AORTA SCREENING
☐ RENAL ARTERIES

VENOUS

- ☐ R ☐ L VENOUS ARMS
☐ IVC AND ILIAC VEINS (DVT)
☐ R ☐ L VENOUS LEG(S) (DVT)
☐ R ☐ L VENOUS LEG(S)
FOR INSUFFICIENCIES
ASSESSMENT

APPOINTMENT

DATE

TIME



Please bring **HEALTHCARD**
and this **REQUISITION**

Arrive **15 minutes** before appointment time. Patients who arrive late for their appointment may be rebooked. **Call 24 hours** in advance if you need to change your appointment, or you may be charged for the missed appointment.

CLINICAL INFORMATION

COPY TO:

PHYSICIAN

NAME:

P:

F:

BILLING#

ADDRESS:

REFERRING PHYSICIAN'S SIGNATURE

SEE REVERSE SIDE FOR PATIENTS INSTRUCTIONS & MAP



CCMSU MEDICAL IMAGING

CANADIAN CENTRE FOR MUSCULOSKELETAL ULTRASOUND

PATIENT INSTRUCTIONS

ABDOMINAL ULTRASOUND

- Nothing to eat or drink after midnight.

PELVIC/OBSTETRICAL OR TRANSABDOMINAL MALE PELVIC (PROSTATE) ULTRASOUND

- Drink 3-4 large glasses (40 oz) of water or clear fluids.
- You must finish drinking the 40 oz of fluids one hour before your examination.
- DO NOT VOID - A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

ABDOMEN AND PELVIC ULTRASOUND

- Fat free dinner the night before examination.
- Nothing to eat or drink after midnight.
- Drink 3-4 large glasses (40 oz) of water one hour before examination.
- DO NOT VOID - A full bladder is necessary for the examination.

SCROTUM, THYROID AND MUSCULOSKELETAL ULTRASOUND

- No preparation is required.

PROSTATE BIOPSY

- Follow instructions provided by your Urologist.

GENERAL X-RAY

- No preparation is required.

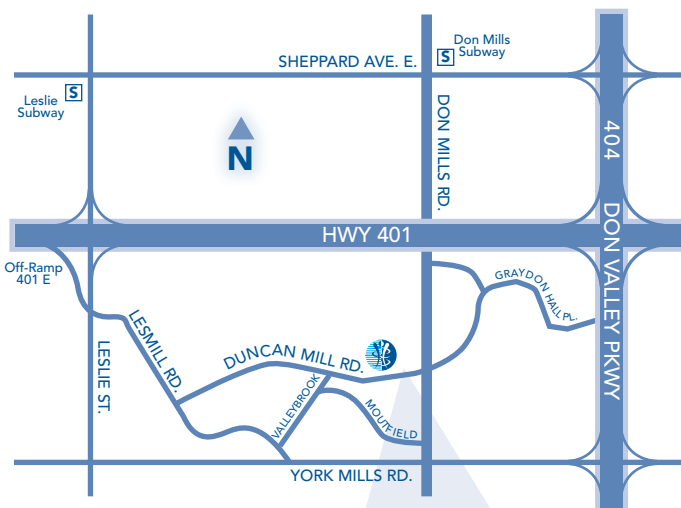
LIVER PROGRAM

- Nothing to eat or drink after midnight.

*** Note: Abdominal ultrasound should be performed prior to Liver study examinations.*

LOCATION

DIRECTIONS TO CCMSU MEDICAL IMAGING



240 Duncan Mill Road, Suite 804

HWY 401 Eastbound

1. Take the Leslie St. exit.
2. Go through the lights at the off ramp and the street becomes a winding road called Lesmill Rd.
3. Take the first available left turn at Duncan Mill Road. Look for 240 Duncan Mill Road on the left after about 1 km.

HWY 401 Westbound

1. Take the Leslie St. exit.
2. Go left at the lights. Proceed south on Leslie
3. Turn left on Lesmill Road.
4. Take the first available left turn at Duncan Mill Road. Look for 240 Duncan Mill Road on the left after about 1 km.

Don Valley Parkway

1. Take the Don Valley Parkway to the York Mills exit.
2. Turn west onto York Mills and drive west about 1.5 kilometers to Don Mills Rd.
3. Turn right on Don Mills Rd. and drive north to the second set of lights then turn left onto Duncan Mill Road.
4. CCMSU, at 240 Duncan Mill Road is the first building on the right at the top of the hill. The entrance to the parking lot is on the west side of the building. CCMSU is located on the **8th floor**.

PARKING

Pay parking is available at 240 Duncan Mill.

Please purchase adequate parking for your appointment, including anticipated wait time. CCMSU is not responsible for parking tickets. Parking lots in the area are subject to change without notice.

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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>

For up-to-date information,
please visit us at:
ccmsu.com



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and this **REQUISITION**

