

ALFA-SCAN HAMILTON

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PATIENT INFORMATION

Last Name: _____ First Name: _____
 Phone #: _____ Date of Birth: _____
 OHIP#: _____ Appointment Date: _____
 Clinical Information: _____

REFERRING PRACTITIONER INFORMATION

Name: _____ Billing Number: _____
 Phone #: _____ Fax #: _____
 Date of Request: _____ Dr. Signature: _____
 Address: _____
 Copies to: _____

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

X-RAY (WALK-IN ONLY)

ABDOMEN

- Plan Film (KUB)
- Acute

CHEST

- Chest (PA/LAT)
- R L Ribs & Chest PA
- Sternum
- S.C Joints

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum & Coccyx
- SI Joints
- Scoliosis Series
- AP Pelvis

HEAD & NECK

- Skull
- Sinuses (Not OHIP Insured)
- Neck Soft Tissue
- Nasal Bones
- Facial Bones
- Mandible
- T.M Joints
- Orbits (MRI)

BONE MINERAL DENSITY

(By Appointment Only)

- Baseline
- High Risk
- Low Risk
- Date of Last BMD: _____

UPPER EXTREMITIES

- R L Shoulder
 - R L Clavicle
 - A.C. Joints
 - R L Scapula
 - R L Humerus
 - R L Elbow
 - R L Forearm
 - R L Wrist
 - R L Scaphold
 - R L Hand
 - R L Digits
- No 1 2 3 4 5

LOWER EXTREMITIES

- R L Hip
 - R L Femur
 - R L Knee
 - R L Tib & Fib
 - R L Ankle
 - R L Foot
 - R L Os. Calcis
 - R L Toes
- No 1 2 3 4 5

Additional/Special Views

ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)

- Abdomen (Full)

Instructions:

Nothing to eat or drink, 8 hours prior to examination. No coffee, tea, milk, juice or pop. Water OK.

- Abdomen (Limited)

Specify: _____

- Renal

Instructions:

No Preperation

- Abdomen + Pelvic

Instructions:

Nothing to eat or drink, 8 hours prior to examination. Drink 4-5 glasses of water (two 500ml water bottles) to be finished **one hour** before examination.

DO NOT VOID.

- Bladder (Pre/Post)

- KUB

- Male Pelvic

- Female Pelvic (Includes Transvaginal Unless Contradicted)

- Transvaginal

OBSTETRICAL LMP: DD/ MM/ YYYY

- 1st Trimester

- Anatomy (18-20 weeks)

- Limited OB

- 3rd Trimester Growth/BPP

- Twins

Other Specify: _____

Instructions:

Drink 4-5 glasses of water (two 500ml water bottles) to be finished **one hour** before examination.

DO NOT VOID.

- Breast R L

- Axilla R L

- Thyroid

- Neck

- Testicular

- Inguinal Area R L

- Chest Masses

- Other Soft Tissue

Instructions:

No Preperation.

MUSCULOSKELETAL ULTRASOUND (BY APPOINTMENT ONLY)

- R L Shoulder

- R L Elbow

- R L Forearm

- R L Wrist

- R L Hand

- R L Calves

- R L Hip

- R L Thigh

- R L Knee

- R L Ankle

- R L Foot

- R L Achilles Tendon

- Other Ultrasound

