OAK RIDGES MEDICAL DIAGNOSTIC IMAGING REQUISITION

ORMDI
OAK RIDGES MEDICAL DIAGNOSTIC IMAGING

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T: 905.773.6861
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Patient's Last Name: First Name:

Health Card Number | Version Code | Date of Birth (day / month / year) | Sex:

Telephone Number: ( ) -

Physician's Name & Signature:

Copy to:

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

CLINICAL INFORMATION

☐ STAT ☐ VERBAL ☐ ORMDI TO BOOK APPOINTMENT DIRECTLY WITH PATIENT

ULTRASOUND

- ❑ **ABDOMEN** (COMPLETE) ❑ **LIMITED ABDOMEN** _____ (GB, LIVER, RENAL ETC.)
- ❑ **FEMALE PELVIC** (TRANSABDOMINAL) ❑ **TRANSVAGINAL**
- ❑ **MALE PELVIS** (PRE + POST VOID) ❑ **TRANSRECTAL (TRUS)**

OBSTETRICAL DLNMP _____

- ❑ OB 1ST TRIMESTER ❑ OB 2ND / 3RD TRIMESTER ❑ BPP
- ❑ IPS1 ❑ OB LIMITED ❑ HIGH RISK

SMALL PARTS

- ❑ TESTICULAR ❑ FACE ❑ SALIVARY GLANDS
- ❑ THYROID ❑ NECK ❑ BREAST

OTHER _____

VASCULAR

- ❑ CAROTID ARTERIES
- ❑ VENOUS LOWER EXTREMITY R L BOTH
- ❑ ARTERIAL LOWER EXTREMITY R L BOTH
- ❑ OTHER _____

MUSCULO-SKELETAL

- ❑ SHOULDER R L BOTH
- ❑ ELBOW R L BOTH
- ❑ WRIST/HAND R L BOTH
- ❑ KNEE R L BOTH
- ❑ ACHILLES TENDON R L BOTH
- ❑ OTHER _____
- ❑ LUMP _____

NUCLEAR MEDICINE

BONE SCAN ❑ WHOLE BODY ❑ SINGLE SITE

GALLIUM SCAN ❑ WHOLE BODY ❑ SINGLE SITE

HEPATOBILIARY SCAN

- ❑ BILIARY SCAN (HIDA)
- ❑ LIVER - RBC SPECT (RE: HEMANGIOMA)
- ❑ LIVER - SULFUR COLLOID SPECT (RE: FOCAL NODULAR HYPERPLASIA)

LUNG SCAN (V/Q) ❑

PARATHYROID SCAN ❑

RENAL SCAN ❑ CAPTOPRIL RENAL SCAN ❑ (? RENOVASCULAR HYPERTENSION) LASIX RENAL SCAN ❑ (? UPJ OBSTRUCTION)

SALIVARY SCAN ❑

SCINTIMAMMOGRAPHY (NUCLEAR BREAST IMAGING) ❑

THYROID SCAN ❑ 24 HR UPTAKE + SCAN ❑ SCAN ONLY ❑ UPTAKE ONLY

WHITE BLOOD CELL SCAN (INFECTION IMAGING) ❑ WHOLE BODY ❑ SINGLE SITE

X-RAY

CHEST

- ❑ CHEST PA & LAT
- ❑ STERNUM
- ❑ SC JOINTS
- ❑ RIBS & CHEST PA ❑R ❑L ❑BOTH
- ❑ CHEST PA IMMIGRATION

ABDOMEN

- ❑ KUB
- ❑ ACUTE (3 VIEWS)

SPINE & PELVIS

- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBO-SACRAL (LS)
- ❑ SACRUM & COCCYX
- ❑ S-I JOINTS
- ❑ PELVIS
- ❑ PELVIS & HIPS
- ❑ PELVIS & S-I JOINTS

SKELETAL SURVEY

- ❑ ARTHRITIC
- ❑ METASTATIC
- ❑ BONE AGE
- ❑ OTHER _____

HEAD & NECK

- ❑ SKULL
- ❑ SINUSES
- ❑ FACIAL BONES
- ❑ NASAL BONES
- ❑ PITUITARY FOSSA
- ❑ MANDIBLE
- ❑ T.M. JOINTS
- ❑ ADENOIDS
- ❑ MASTOIDS
- ❑ SOFT TISSUE NECK

UPPER EXTREMITIES

- ❑ SHOULDER R L BOTH
- ❑ CLAVICLE R L BOTH
- ❑ AC JOINTS R L BOTH
- ❑ SCAPULA R L BOTH
- ❑ HUMERUS R L BOTH
- ❑ ELBOW R L BOTH
- ❑ FOREARM R L BOTH
- ❑ WRIST R L BOTH
- ❑ SCAPHOID R L BOTH
- ❑ HAND R L BOTH
- ❑ DIGITS R L BOTH

NO. T 2 3 4 5

LOWER EXTREMITIES

- ❑ HIP R L BOTH
- ❑ FEMUR R L BOTH
- ❑ KNEE R L BOTH
- ❑ TIBIA & FIBULA R L BOTH
- ❑ ANKLE R L BOTH
- ❑ FOOT R L BOTH
- ❑ CALCANEUS R L BOTH
- ❑ TOES R L BOTH

NO. 1 2 3 4 5

WOMEN'S HEALTH

R L

- ❑ **BREAST ULTRASOUND** REGION OF INTEREST _____
- ❑ **MAMMOGRAPHY** ❑ ROUTINE ❑ OTHER (SPECIFY) _____

OSTEOPOROSIS

BONE MINERAL DENSITY - (DEXA: HIP & SPINE)

❑ HIGH RISK ❑ ROUTINE

* Please see other side for Ministry of Health recommendations.

INFERTILITY (ULTRASOUND) **DLNMP** _____

- ❑ PELVIC SCAN
- ❑ FOLLICULAR MONITORING
- ❑ OVARIAN VOLUME
- ❑ TRANSVAGINAL SCAN
- ❑ ENDOMETRIAL THICKNESS
- ❑ OTHER _____

CARDIAC TESTING

- ❑ ECHOCARDIOGRAM (WITH COLOUR DOPPLER)
- ❑ AMBULATORY BLOOD PRESSURE MONITOR
- ❑ HOLTER MONITOR ❑ 24HRS ❑ 48HRS
- ❑ ECG - ELECTROCARDIOGRAM
- ❑ EXERCISE STRESS TEST (NON-NUCLEAR)

NUCLEAR CARDIOLOGY

- ❑ *EXERCISE PERFUSION IMAGING (SESTAMIBI)
- ❑ *PERSANTINE PERFUSION IMAGING (SESTAMIBI)
- ❑ *RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)
- ❑ THALLIUM, REST AND REDISTRIBUTION (RE: VIABILITY)

*INCLUDES EJECTION FRACTION DETERMINATION

SEE OTHER SIDE FOR CLINIC INFORMATION, PATIENT PREPARATION AND CLINIC HOURS.