LONDON X-RAY ASSOCIATES
EST.1931

# ULTRASOUND & ECHOCARDIOGRAMS

**TO MAKE AN APPOINTMENT CALL OUR BOOKINGS DEPARTMENT**
**OR VISIT WEBSITE www.lxa.on.ca**
**TEL: 519-672-7900 FAX: 519-672-8731**
**FOR ALL OTHER INQUIRIES AND IMAGE REQUESTS CALL 519-672-5270**

*PLEASE COMPLETE ALL APPLICABLE FIELDS

## PATIENT INFORMATION

Requisition valid for 6 months after date issued

*REFERRAL DATE: _____

*NAME: _____ *TELEPHONE: _____ *DOB: _____

*HEALTH CARD #: _____ *VERSION CODE: ☐☐ ☐ M ☐ F

*WEIGHT: _____ LBS/KGS PREFERRED GENDER: _____

**NOTE: Non confirmation of appointment will result in appointment being cancelled. Late arrival may result in appointment being rescheduled.**

DATE: _____ TIME: _____ LOCATION: _____

If you are unable to keep this appointment, please give at least 24 hours notice. Call 519-672-7900 **EXAM Preparations and MAPS on the back**

## ULTRASOUND • BY APPOINTMENT (WEIGHT LIMIT 350LBS)

- ❒ Limited Abdominal Ultrasound
  - ❒ Gallbladder ❒ Aorta ❒ Liver
  - ❒ Spleen ❒ Pancreas ❒ Kidneys (Renal)
- ❒ Complete Abdominal Ultrasound (Aorta, Gallbladder, Liver, Pancreas, Kidneys, Spleen)
- ❒ Complete Abdominal & Limited Pelvic Ultrasound (Aorta, Gallbladder, Liver, Pancreas, Kidneys, Spleen, Lower Quadrants and Midline Pelvis)
- ❒ Bladder Only
- ❒ Male Pelvic Ultrasound (Prostate and Bladder)
- ❒ Female Pelvic Ultrasound with Transvaginal as required (Uterus, Ovaries and Bladder)
- ❒ Hernia
  - ❒ Inguinal ❒ Ventral ❒ Umbilical
  - [L] [R]
- ❒ Palpable lump. Specify location: _____
- ❒ Popliteal fossa (Baker's Cyst) [L] [R]

### Thyroid Ultrasound

- ❒ Thyroid Ultrasound *(with doppler)* - Suspected pathology **MUST** be indicated:
  - ❒ Nodules [L] [R] ❒ Thyroiditis
  - ❒ Masses [L] [R] ❒ Other, specify _____
- ❒ Thyroid Ultrasound *(without doppler)*
  - ❒ Change in Thyroid size, specify _____

### Scrotal/Testicular Ultrasound

- ❒ Scrotal/Testicular Ultrasound *(with doppler)* - Symptoms or suspected pathology **MUST** be indicated:
  - ❒ Torsion [L] [R] ❒ Pain [L] [R]
  - ❒ Mass [L] [R] ❒ Infection [L] [R]
  - ❒ Varicoceles [L] [R] ❒ Trauma [L] [R]
- ❒ Scrotal/Testicular Ultrasound *(without doppler)*
  - ❒ Other, specify _____

### Vascular Ultrasound

- ❒ Carotid Artery Duplex Doppler
- ❒ Venous Reflux Study [L] [R]

### Venous Leg Doppler (DVT) [L] [R]

Symptoms or suspected pathology **MUST** be indicated:

- ❒ Pain ❒ Swelling
- ❒ Trauma/recent surgery ❒ Skin redness/heat
- ❒ Past hx of DVT or PE

### Shoulder Ultrasound [L] [R]

- ❒ Shoulder Ultrasound *(with doppler)* - Suspected pathology **MUST** be indicated:
  - ❒ Pain ❒ Functional limitations ❒ Injury
  - ❒ Inflammation
- ❒ Shoulder Ultrasound *(without doppler)*

## ECHOCARDIOGRAMS • BY APPOINTMENT 450 CENTRAL ONLY (WEIGHT LIMIT 300LBS)

❒ **2D Echocardiogram with Colour/Doppler**

**Indications (mandatory)**

- ❒ Heart Murmur
- ❒ Valvular Stenosis/Regurgitation
- ❒ Mitral Prolapse
- ❒ Cardiac Structure Disease
- ❒ Prosthetic Heart Valves
- ❒ Infective Endocarditis
- ❒ Pericardial Disease
- ❒ Cardiac Masses
- ❒ Interventional Procedures
- ❒ Pulmonary Disease
- ❒ Coronary Artery Disease
- ❒ Dyspnea, Edema, Cardiomyopathy
- ❒ Hypertension
- ❒ Thoracic Aortic Disease
- ❒ Myocardial Infarction
- ❒ Neurologic/Embolic Events
- ❒ Arrhythmias Syncope/Palpitations
- ❒ Before Cardioversions
- ❒ Suspected Structural Heart Disease
- ❒ Chest Pain
- ❒ Shortness of Breath
- ❒ R/O Cardiac Source of Stroke or TIA

**HISTORY/CLINICAL FINDINGS (required):** _____

_____

_____ ❒ Stat Call _____ ❒ Stat Fax _____

**REFERRED BY:** _____ **M.D.** **BILLING #** _____

**PHYSICIAN ADDRESS:** _____ **CC:** _____

**VISIT OUR WEBSITE: www.lxa.on.ca**

REV. 070125

This requisition form can be taken to any licensed facility providing healthcare services, including Integrated Community Health Services Centres (ICHSCs) and hospitals, such as those listed on the Integrated Community Health Services Centres (ICHSCs) website (https://www.ontario.ca/page/community-surgical-and-diagnostic-centres#section-1).

**PREPARATION AND INSTRUCTIONS:** These instructions are **IMPORTANT**. Please follow them.

## ULTRASOUND PREPARATIONS

❒ **Abdominal/Limited Pelvic Ultrasound**
**- Morning**
Nothing to eat or drink after midnight.
**- Afternoon (appts booked after 1pm)**
One slice of dry toast, one cup of clear fluid not later than 8:00 a.m. on the day of examination.

❒ **Limited Abdominal Ultrasound**
**- Gallbladder, Liver, Pancreas**
Nothing to eat or drink 8 hours prior to exam time.
**- Aorta, Spleen, Kidneys**
Nothing to eat or drink 4 hours prior to exam time.

**Note: Failure to follow preparation instructions may result in exam being rescheduled.**

**ALL OTHER EXAMS NOT LISTED REQUIRE NO PREP.**

❒ **Renal/Pelvic Combination Ultrasound**
A full bladder is necessary for a complete and proper exam. Your bladder must be full.
DO NOT empty your bladder. **FINISH** drinking 5, eight ounce (250ml) glasses of water **1½ hours** prior to exam time.

***There are no fluid intake restrictions for this test due to the fact that your bladder must be full.**

❒ **Pelvic / Bladder Ultrasound**
A full bladder is necessary for a complete and proper exam. DO NOT empty your bladder. Your bladder must be full. There are no eating restrictions for this test.
**FINISH** drinking 5, eight ounce (250ml) glasses of water **1½ hours** prior to exam time.
***NOTE: No tampons to be worn for a female pelvic ultrasound.***

**SEE SEPARATE REQUISITION FOR GENERAL DIAGNOSTIC IMAGING & OBSTETRICAL IMAGING**

**FAILURE TO COMPLY WITH THE ABOVE PREPARATION INSTRUCTIONS MAY RESULT IN THE EXAMINATION HAVING TO BE RESCHEDULED.**

| 104-450 Central Ave. | 440 Boler Rd. | 595 Bradley Ave. | 3209 Wonderland Rd S | 1657 Dundas St. E |
|---|---|---|---|---|
| London, ON N6B 2E8 | London, ON N6K 4L2 | London, ON N6E 3Z8 | London, ON N6L 1A6 | London, ON N5W 3C6 |
| Tel: 519-672-5270 | Tel: 519-657-8246 | Tel: 519-913-7900 | Tel: 519-438-8131 | Tel: 519-659-4158 |
| Fax: 519-672-2724 | Fax: 519-657-5439 | Fax: 519-913-0429 | Fax: 519-936-0089 | Fax: 519-659-3294 |

TO MAKE APPOINTMENTS CALL OUR
**BOOKINGS DEPARTMENT**
**MONDAY TO FRIDAY BETWEEN 8:00 A.M. TO 4:45 P.M.**
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***Convenient Clinic Hours**
**Including Evenings and Weekends!**

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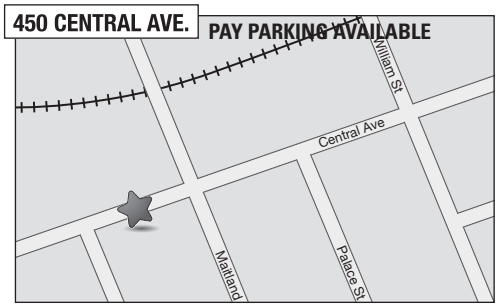
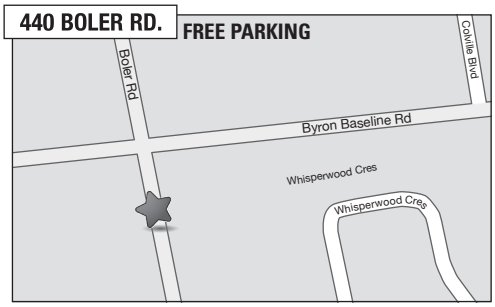
**450 CENTRAL AVE.** PAY PARKING AVAILABLE




**1657 DUNDAS ST. E.** FREE PARKING


**440 BOLER RD.** FREE PARKING




**3209 WONDERLAND RD S** FREE PARKING


**595 BRADLEY AVE.** FREE PARKING