



- FEMALE TECHNOLOGISTS AVAILABLE
- RADIOLOGISTS AVAILABLE EVERYDAY
- SUNDAY OPEN (AT SOME LOCATIONS)

**CLINIC HOURS**



For updated timings, please scan the QR code or go to [www.ontid.ca](http://www.ontid.ca)

**OID - CompuSound Vascular Lab**

Ph: **416-431-5885**

3000 Lawrence Ave. E, Suite C-02, Building C, Scarborough, ON M1P 2V1  
Fax No.: 416-438-6008

- VASCULAR ULTRASOUND
- CARDIOLOGY

**OID - Danforth & Main**

Ph: **416-691-5071**

2494 Danforth Ave, Suite 3A, Toronto, ON M4C 1K9  
Fax : 416-691-3349

- X-RAY • ULTRASOUND
- MAMMOGRAM

**OID - Markham**

Ph: **905-294-4880**

6633 Highway 7 East, Suite 005, Markham, ON L3P 7P2  
Fax : 905-472-6629

- X-RAY • ULTRASOUND • BMD
- VASCULAR ULTRASOUND

**OID-Markham & Ellesmere**

Ph: **416-439-4866**

1200 Markham Road, Suite 112, Scarborough, ON M1H 3C3  
Fax : 416-439-5776

- X-RAY • ULTRASOUND
- BMD • FLUOROSCOPY

**OID - VPM**

Ph: **416-759-3462**

520 Ellesmere Road, Suite B15, Lower Level Scarborough, ON M1R 4E6  
Fax : 416-759-9237

- X-RAY • ULTRASOUND
- BMD • MAMMOGRAM

**OID - Wynford**

Ph: **416-443-2626**

20 Wynford Drive, Suite 312, North York ON, M3C 1J4  
Fax : 416-443-2611

- X-RAY • ULTRASOUND

**OID - 3000 Lawrence**

Ph: **416-438-6636**

3000 Lawrence Ave. E, Suite C-02, Building C Scarborough, ON M1P 2V1  
Fax : 416-438-6008

- X-RAY • ULTRASOUND
- VASCULAR • MAMMOGRAM

Name	D.O.B.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health No. & V.C
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Address & Tel. No.	Phone Number
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<b>BREAST IMAGING (BY APPOINTMENT ONLY)</b>		Appointment
<input type="checkbox"/> MAMMOGRAPHY	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	Date & Time
<input type="checkbox"/> IMPLANTS	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	
<input type="checkbox"/> BREAST ULTRASOUND	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	

<b>BONE DENSITY (NO APPOINTMENT REQUIRED)</b>	<b>X-RAY (NO APPOINTMENT REQUIRED)</b>	<b>ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)</b>
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Baseline  
 Low Risk - 5 yr  
 3 yr - First follow up  
 High Risk - 1 yr

**CARDIOLOGY (BY APPOINTMENT ONLY)**

Echocardiography (2D & Colour Doppler)

**Holter Monitoring**

48 HRS.  
 72 HRS.  
 14 Days

**BIARIUM STUDIES (BY APPOINTMENT ONLY)**

Barium Swallow  
 UGI  
 G.I. + Small Bowel

**STAT**

**CD**

**ABDOMEN**  
 Single view (KUB)  
 Acute (includes Chest PA)

**HEAD & NECK**  
 Skull  
 Sinuses - Non-OHIP  
 Soft Tissue of Neck  
 Nasal Bones  
 Facial Bones  
 Mandible  
 T.M. Joints  
 Orbits  
 Adenoids

**CHEST**  
 Chest (PA & LAT)  
 Ribs    
(Includes Chest PA)  
 Sternum  
 S.C. Joints

**SPINE & PELVIS**  
 Cervical Spine  
 Thoracic Spine  
 Lumbo-Sacral Spine  
 L/S Spine, Pelvis & S.I. Joints  
 Sacrum & Coccyx  
 S.I. Joints  
 AP Pelvis  
 Pelvis & Hip

**UPPER EXTREMITIES**  
  Shoulder  
  Clavicle  
  A.C. Joints  
  Scapula  
  Humerus  
  Elbow  
  Forearm  
  Wrist  
  Scaphoid  
  Hand  
  Finger  
N° 1 2 3 4 5

**LOWER EXTREMITIES**  
  Femur  
  Knee  
  Tib & Fib  
  Ankle  
  Foot  
  Calcaneus  
  Toes - N° 1 2 3 4 5

**SKELETAL SURVEY**  
 Metastatic Series  
 Arthritic Series  
 Bone Age  
 Scoliosis Series

**GENERAL**  
 Abdomen  
 Elastography/Liver Fibro Scan Non - OHIP  
 Abdominal Wall  
 Renal + Bladder  
 Abdomen & Pelvis (includes transvaginal unless contraindicated)  
 Female Pelvis (includes transvaginal unless contraindicated)  
 Male Pelvis  
 Prostate - Transrectal  
 Testicular / Scrotum (including groin)  
 Groin    
 Inguinal / Hernia

**NECK**  
 Thyroid  Neck

**OBSTETRICAL**  
 OB Dating (<16wks)  
 IPS/EFTS (NT) (11-13 wks, 6 days)  
 OB Anatomy Scan (18-20wks)  
 Biophysical Profile (> 30wks)  
 OB High Risk  
 OB Follow Up

**MUSCULOSKELETAL**  
   Hip  
   Hamstring  
   Knee  
   Achilles Tendon  
   Ankle  
   Foot  
   Plantar Fascia  
   Shoulder  
   Elbow  
   Wrist  
   Soft Tissue / Muscle  
 Chest Wall / Back  
Other: \_\_\_\_\_

**VASCULAR ULTRASOUND (BY APPOINTMENT ONLY)**

Carotid  
 Abdomen Portal Venous Doppler  
 Aorta + Iliac Arteries  
 Renal Vascular  
 Temporal Arteries  
 Thoracic Outlet Syndrome  
 L  R  B  
 Arterial Extremity  LEG     
 ARM     
 Venous Extremity  LEG     
 ARM

**IN ORDER TO BOOK APPOINTMENT ONLINE VISIT US AT [www.ontid.ca](http://www.ontid.ca)**

**I DECLARE THAT I AM NOT CURRENTLY PREGNANT**

\_\_\_\_\_ SIGNATURE

CLINICAL INFORMATION REQUIRED:

MD: \_\_\_\_\_  
Please Print Name & Surname

CC: \_\_\_\_\_  
Please Print Name & Provide Fax No.

DR's OFFICE STAMP

**PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM**  
This requisition form can be taken to any licensed facility providing healthcare services including hospitals and ICHSC, such as those on the ICHSC, Program website

• X-RAY • MAMMOGRAPHY • GENERAL ULTRASOUND • CARDIOLOGY  
• BMD • VASCULAR ULTRASOUND • FLUOROSCOPY

Call at least 24 hours before to Cancel/Reschedule appointment

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**MAMMOGRAPHY PREPARATIONS**

No deodorant, powder, lotion, or perfume on the upper part of the body

**ULTRASOUND PREPARATIONS**

**ABDOMEN ULTRASOUND**

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE
- DO NOT EAT BREAKFAST

**PELVIS ULTRASOUND (ALL TYPES)**

- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

**ABDOMEN AND PELVIS ULTRASOUND TOGETHER**

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

**NO PREPARATION IS REQUIRED FOR FOLLOWING**

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

**OBSTETRICAL ULTRASOUND**

- FOR LESS THAN 12 WEEKS DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.
- FOR 12-18 WEEKS/ FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME. YOU MUST EAT BREAKFAST/ LUNCH.

**NUCHAL TRANSLUCENCY - IPS**

- DRINK 3 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

**PROSTATE-TRANSRECTAL ULTRASOUND**

- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER OR CLEAR FLUID (WATER, JUICE, BLACK COFFEE OR BLACK TEA) **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME.
- DO NOT VOID – A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

**ALL BARIUM STUDIES**

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

**GENERAL INSTRUCTIONS**

1. Please advise us if you are diabetic
  2. Come to your appointment with an interpreter, if required
  3. Young children must be accompanied by an adult
- Visit our web site – [www.ontid.ca](http://www.ontid.ca) - for more information

**OHIP REQUIRES THAT YOU BRING YOUR CURRENT HEALTH CARD AND THIS REQUISITION, SIGNED BY YOUR PHYSICIAN**

