



- FREE PARKING AVAILABLE *
- 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

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
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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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BREAST IMAGING (BY APPOINTMENT ONLY)		Appointment
<input type="checkbox"/> MAMMOGRAPHY <input type="checkbox"/> IMPLANTS <input type="checkbox"/> BREAST ULTRASOUND	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	Date & Time

BONE DENSITY (NO APPOINTMENT REQUIRED)	X-RAY (NO APPOINTMENT REQUIRED)	ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)
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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

BARIUM 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

I DECLARE THAT I AM NOT CURRENTLY PREGNANT

_____ SIGNATURE

CLINICAL INFORMATION REQUIRED:

MD: _____
Please Print Name & Sign

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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• X-RAY • ULTRASOUND
• VASCULAR • MAMMOGRAM

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 - for more information

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

