

**PATIENT INFORMATION** Requisition valid for 6 months after date issued

REFERRAL DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DOB: \_\_\_\_\_


HEALTH CARD #: \_\_\_\_\_ VERSION CODE:    M  F



WEIGHT: \_\_\_\_\_ LBS/KGS GENDER IF DIFFERENT FROM ABOVE \_\_\_\_\_

**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 \_\_\_\_\_

## 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](http://www.lxa.on.ca)**

**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.**

London, ON N6B 2E8

Tel: 519-672-5270

Fax: 519-672-2724

**440 Boler Rd.**

London, ON N6K 4L2

Tel: 519-657-8246

Fax: 519-657-5439

**595 Bradley Ave.**

London, ON N6E 3Z8

Tel: 519-913-7900

Fax: 519-913-0429

**3209 Wonderland Rd. S.**

London, ON N6L 1A6

Tel: 519-438-8131

Fax: 519-936-0089

**1657 Dundas St. E.**

London, ON N5W 3C6

Tel: 519-659-4158

Fax: 519-659-3294

TO MAKE APPOINTMENTS CALL OUR  
**BOOKINGS DEPARTMENT**  
MONDAY TO FRIDAY BETWEEN 8:00 A.M. TO 4:45 P.M.  
**TEL: 519-672-7900 FAX: 519-672-8731**  
FOR ALL OTHER INQUIRIES CALL 519-672-5270  
OR VISIT WEBSITE [www.lxa.on.ca](http://www.lxa.on.ca)

**\*Convenient Clinic Hours  
Including Evenings and Weekends!**

