



# GENERAL DIAGNOSTIC IMAGING

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

## 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: \_\_\_\_\_



**APPOINTMENT DETAILS** - Please arrive 10 minutes early. Bring your health card and this form to your appointment. Late arrival and/or no form may require re-booking. **NOTE: Non confirmation of appointment will result in appointment being cancelled.**

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

## X-RAY • WALK-INS AND SCHEDULED APPOINTMENTS ARE AVAILABLE (WEIGHT LIMIT VARIES BY CLINIC)

**Chest X-Ray - One of the following MUST be checked:**  
 Chest sign, symptom, or other problem: Specify \_\_\_\_\_  
 Long Term Care Admission \_\_\_\_\_  
 Screening Chest X-Ray (Not eligible for OHIP coverage. Patient must pay.)  
 Skull  Facial Bones  Nasal Bones  Mandible  Pre-MRI Orbits  Nasopharynx  
 Ribs  Sternoclavicular Joints  Sternum  Abdomen/Kub  Acute Abdomen  Pelvis  Pelvis And Hip  Cervical Spine  Thoracic Spine  Sacrum And Coccyx  Sacroiliac Joints  Scoliosis  Leg Length (Central And Bradley Only)  
 Lumbar Spine - Suspected pathology MUST be indicated.  
 Trauma/Fracture  
 Congenital/Developmental Disease  
 Spinal Stenosis/Cauda Equina Syndrome  
 Ankylosing Spondylitis/Inflammatory Condition  
 Nerve Root Impingement  
 Hip  Femur  Knee  Tib-fib  Ankle  Heel  Foot  Toe  
 Shoulder  Ac Joint  Clavicle  Scapula  Humerus  
 Forearm  Wrist  Hand  Finger  
 1  2  3  4  5



## BONE MINERAL DENSITOMETRY • BY APPOINTMENT • 595 BRADLEY (WEIGHT LIMIT 340LBS)

Has your patient had a previous BMD?  Yes  No  
Please provide us with the most recent BMD report if the exam was not done at London X-Ray Associates  
 High Risk BMD including Pediatric (once every 12 months)  
 Low Risk BMD including Pediatric  
1. Has your patient had a fragility fracture after age 40?  Yes  No  
Fragility Fracture defined as spontaneous or with minimal trauma not including ankle, foot, hand, skull and face.  
2. List any corticosteroids your patient is currently on if longer than 3 months  
\_\_\_\_\_ dosage \_\_\_\_\_ start date \_\_\_\_\_  
3. List any Bisphosphonates/bone building medication your patient is currently on  
\_\_\_\_\_ dosage \_\_\_\_\_ start date \_\_\_\_\_  
Ministry of Health restricts Low Risk exams to one follow-up at 36 months and subsequent follow-ups at 60 months

## DIGITAL MAMMOGRAPHY • BY APPOINTMENT • 450 CENTRAL & 595 BRADLEY

C.A.R. MAMMOGRAPHY ACCREDITED OBSP AFFILIATE SCREENING SITE  OBSP (Ages 50-74)  Mammogram Routine Screening Only  Implants  
LXA performs routine screening on patients 30 years of age and over. Patients under 30 will be referred to the Breast Assessment Centre at SJHC. Women 75 years of age or older must have a requisition from their primary care provider. Only patients aged 50-74 can self-refer for OBSP.

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)

This requisition form can be taken to any licensed facility providing healthcare services, including independent health facilities (IHF) and hospitals, such as those listed on the IHF Program website (<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>).

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

**BONE MINERAL DENSITOMETRY (BMD)**

- Do not take calcium pills the day of examination.** Undigested pills can interfere with the scan resulting in rebooking the examination. If possible, avoid wearing underwire bra, metal buttons, zippers or belt buckles over mid abdomen. A gown will be provided if necessary. If you have had a nuclear medicine dye injection or a barium study within the past two weeks, please reschedule your BMD test.

**MAMMOGRAM**

- Wear separate top with skirt or slacks. No deodorant or talcum powder.

**X-RAY PREPARATIONS**

- Knee X-Ray or Lower Extremity** - Bring or wear shorts.

**GENERAL INFORMATION**

- Please arrive 10 minutes in advance of your appointment time.
- Please bring your requisition with you.
- You will be asked at **EACH VISIT** to provide a **VALID HEALTH CARE CARD**.
- If you do not have your card you may be asked to return for your examination.
- Please call to cancel if unable to keep a booked appointment.
- Non confirmation of appointment will result in appointment being cancelled.

**SEE SEPARATE REQUISITION FOR ULTRASOUND & ECHOCARDIOGRAMS**

**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.  
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FOR ALL OTHER INQUIRIES CALL 519-672-5270

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

