






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: _____ STAT RESULTS URGENT EXAM   

*NAME: _____ *TELEPHONE: _____ *DOB (M/D/YR): _____

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

*WEIGHT: _____ LBS/KGS ARRIVE 10 MINUTES EARLY FOR APPT. PREFERRED GENDER: _____

NOTE: Non confirmation of appointment will result in appointment being cancelled. Late arrival or improper prep 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)

- Aorta/Iliac Arteries (AAA screen)
- 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)
- Female Pelvic - No Transvaginal
- Hernia
 - Inguinal Ventral Umbilical
 - L R
- Palpable Lump/Lymph Node. 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 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)

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

HISTORY/CLINICAL FINDINGS (required): _____

REFERRED BY: _____ M.D. BILLING # _____

PHYSICIAN ADDRESS: _____ CC: _____

VISIT OUR WEBSITE: www.lxa.on.ca

REV. 011225

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.

Aorta (Screening)

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

440 Boler Rd.

London, ON N6K 4L2
Tel: 519-657-8246

595 Bradley Ave.

London, ON N6E 3Z8
Tel: 519-913-7900

3209 Wonderland Rd S

London, ON N6L 1A6
Tel: 519-438-8131

1657 Dundas St. E

London, ON N5W 3C6
Tel: 519-659-4158

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!

PLEASE ARRIVE 10 MINUTES PRIOR TO APPT
CHILDREN NOT PERMITTED IN EXAM ROOM
PLEASE ARRANGE CHILDCARE

