LONDON X-RAY ASSOCIATES
EST.1931

GENERAL DIAGNOSTIC IMAGING

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: _____

*NAME: _____ *TELEPHONE: _____ *DOB: _____

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

*WEIGHT: _____ LBS/KGS PREFERRED GENDER: _____

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.)

❑ Lumbar Spine - Suspected pathology MUST be indicated.

❑ Trauma/Fracture
❑ Congenital/Developmental Disease
❑ Infection
❑ Spinal Stenosis/Cauda Equina Syndrome
❑ Tumour
❑ Ankylosing Spondylitis/Inflammatory Condition
❑ Nerve Root Impingement

❑ Skull
❑ Facial Bones
❑ Nasal Bones
❑ Mandible
❑ Pre-MRI Orbits
❑ Nasopharynx

❑ Ribs L R
❑ Sternoclavicular Joints
❑ Sternum
❑ Abdomen/Kub
❑ Acute Abdomen
❑ Pelvis
❑ Pelvis And Hip L R

❑ Cervical Spine
❑ Thoracic Spine
❑ Sacrum And Coccyx
❑ Sacroiliac Joints
❑ Scoliosis
❑ Leg Length (Wonderland And Bradley Only)

❑ Hip L R
❑ Femur L R
❑ Knee L R
❑ Tib-fib L R
❑ Ankle L R
❑ Heel L R
❑ Foot L R
❑ Toe L R
1 2 3 4 5

❑ Shoulder L R
❑ Ac Joint L R
❑ Clavicle L R
❑ Scapula L R
❑ Humerus L R
❑ Elbow L R

❑ Forearm L R
❑ Wrist L R
❑ Hand L R
❑ Finger L R
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.

❒ Baseline - Once per lifetime
❒ Low/Medium Risk 5 years (Screening) FRAX risk: <15% no secondary risk factors
❒ High Risk 3 years (Screening) FRAX risk: >15% no secondary risk factors
❒ Diagnostic/Medically necessary High-Risk BMD - More frequent if clinically indicated - (**must document reason**): _____

_____

DIGITAL MAMMOGRAPHY • BY APPOINTMENT • 450 CENTRAL & 595 BRADLEY

ontario breast screening program
a cancer care ontario program

C.A.R. MAMMOGRAPHY ACCREDITED

OBSP AFFILIATE SCREENING SITE

❒ OBSP (Ages 40-74)

❒ 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 40-74 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

This requisition form can be taken to any licensed facility providing healthcare services, including Integrated Community Health Services Centres (ICHSCs) and hospitals, such as those listed on the Integrated Community Health Services Centres (ICHSCs) website (https://www.ontario.ca/page/community-surgical-and-diagnostic-centres#section-1).

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 seperate 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

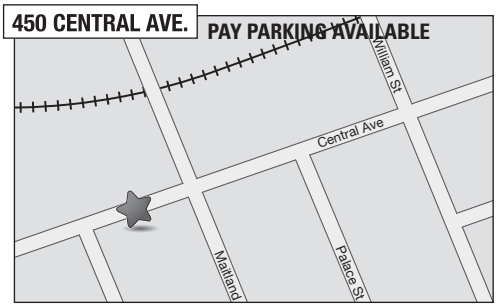
FAILURE TO COMPLY WITH THE ABOVE PREPARATION INSTRUCTIONS MAY RESULT IN THE EXAMINATION HAVING TO BE RESCHEDULED.

104-450 Central Ave.	440 Boler Rd.	595 Bradley Ave.	3209 Wonderland Rd. S.	1657 Dundas St. E.
London, ON N6B 2E8	London, ON N6K 4L2	London, ON N6E 3Z8	London, ON N6L 0E3	London, ON N5W 3C6
Tel: 519-672-5270	Tel: 519-657-8246	Tel: 519-913-7900	Tel: 519-438-8131	Tel: 519-659-4158
Fax: 519-672-2724	Fax: 519-657-5439	Fax: 519-913-0429	Fax: 519-936-0089	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

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

450 CENTRAL AVE. PAY PARKING AVAILABLE



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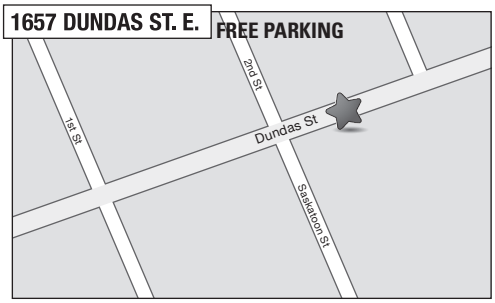
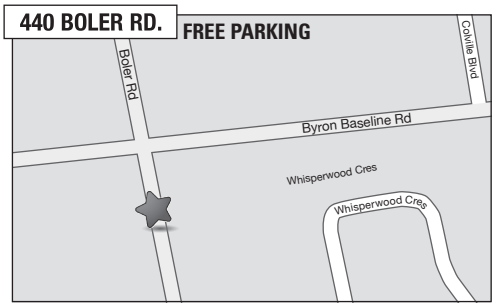
1657 DUNDAS ST. E. FREE PARKING



440 BOLER RD. FREE PARKING



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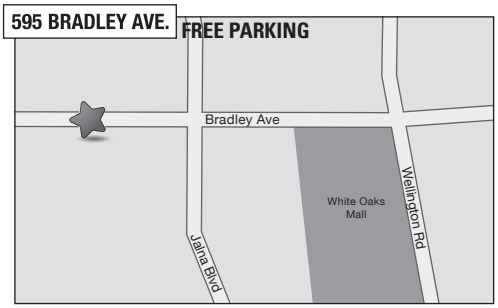
595 BRADLEY AVE. FREE PARKING