

Medical Arts Building
Diagnostic Imaging Centre
581 Davis Drive, Level 3
Newmarket, ON L3Y 2P6

Health Record #: _____ Complete or place barcoded patient label here
 Patient Name: *(Print first, last)* _____
 DOB: dd / mm / yy Age: _____ Female Male
 OHIP #: _____ Version Code: _____
 Phone #: () _____

Diagnostic Imaging MAB - FAX: 905-830-5981

Medical Arts Building Diagnostic Imaging Requisition

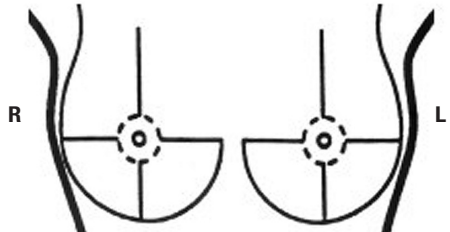
(Mammography, Breast Ultrasound, Bone Density, Radiography)

(see location map on reverse)

Patient Name: <i>(print first, last)</i>			Appointment Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Address: _____		Street Number + Name	Apartment
City	Province	Postal Code	
Health Card Number:		Version Code:	Hospital Record #:
Other Insurance:		WSIB Number:	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
Home: ()		Work/Other: ()	Patient Weight: _____ kg
Patient not available: From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u> Reason: _____			

[NB: Consent to send copies can be implied if the recipients will be involved in ongoing or follow-up care.] I have obtained verbal or implied consent to send copies or results/notes to: Family Doctor _____

BREAST IMAGING EXAMINATIONS - Fax Requisitions with Clinical Findings to (905) 830-5981

 <p>INDICATE FINDINGS ON DIAGRAM.</p>	1. Mammography <input type="checkbox"/> Routine Screening <i>(All eligible women will be screened through the Ontario Breast Screening Program)</i> <input type="checkbox"/> Implants <input type="checkbox"/> Follow-up of previous SRHC study <input type="checkbox"/> New mass <input type="checkbox"/> New symptom <input type="checkbox"/> Other _____	2. Breast Ultrasound <input type="checkbox"/> Targeted ultrasound <input type="checkbox"/> Follow-up of previous SRHC study <input type="checkbox"/> Other _____
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BONE MINERAL DENSITY <input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk <i>(must indicate reason and criteria)</i>	RADIOGRAPHY <input type="checkbox"/> Exam Requested <i>(all parts to be examined)</i>
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RELEVANT CLINICAL INFORMATION: *must be provided and please be specific*

PATIENT PREPARATIONS AND INFORMATION ON REVERSE SIDE.
INCOMPLETE REQUISITIONS WILL BE RETURNED AND MAY RESULT IN A DELAY IN SERVICE TO YOUR PATIENT.

Referring Physician: <i>(print first, last)</i>	CPSO #	Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Signature:	Office Phone: ()	
Address:	Fax Number: ()	

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Patient Preparation and Information

MAMMOGRAM PATIENT PREPARATION:

- If you have had any previous mammograms from another hospital or clinic, arrange to bring them with you for comparison purposes to expedite your results.
- Do not wear any deodorant, talcum powder, or perfume on the day of your examination.

ONTARIO BREAST SCREENING PROGRAM CRITERIA:

- Ontario Residents
- 50 years of age or over
- No acute breast symptoms
- No personal history of Breast Cancer
- Have not had a Mammogram within the last 11 months
- No current breast implants

BONE MINERAL DENSITY CRITERIA:

Baseline BMD: Patients are limited to one baseline test in their lifetime.

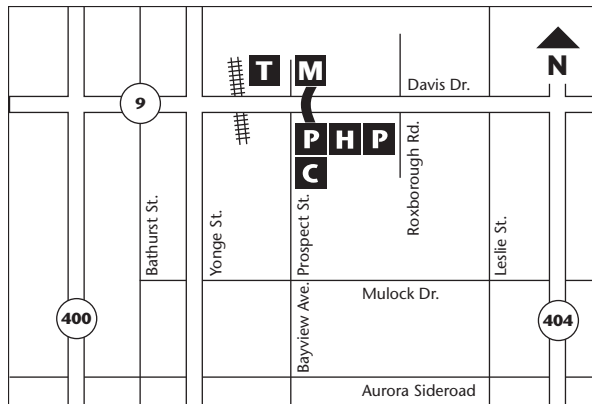
Low Risk BMD: Patients with previous BMD testing are limited to a second test 3 years later then every 5 years subsequently.

High Risk BMD: Ordering doctor must provide clinical information documenting reason for high risk status.

BMD Patient Preparations: Navel piercings must be removed. Patients please refrain from taking Calcium Pills for 24 hours prior to your appointment or the BMD may need to rebooked.

PATIENT INFORMATION:

- **Bring your Ontario Health Card.**
- **Bring this requisition. Diagnostic Imaging cannot perform any procedures without a requisition signed by a Physician or Nurse Practitioner, except for the Ontario Breast Screening Program.**
- Upon arrival you are required to register for your appointment at one of our Welcome Centres or Self-Serve Kiosks before proceeding to Diagnostic Imaging Reception. There is a Welcome Centre located at the Medical Arts Building.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.



Location Map

- M** Medical Arts Building, 581 Davis Drive
Southlake Foundation, 581 Davis Drive
- H** Southlake Regional Health Centre
- C** Stronach Regional Cancer Centre
- T** The Tannery Mall, 465 Davis Drive
- P** Parking
Bridge crossing Davis Drive. Accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building