

#### Medical Arts Building Diagnostic Imaging Centre

581 Davis Drive, Level 3 Newmarket, ON L3Y 2P6

Health Record #:	Сог	nplete or place barcoded	
Patient Name: (Print first, last)		patient label here	;
DOB: <u>dd / mm / yy</u>	Age:	🗆 Female 🗖 Male	
OHIP #:	Version Code:		
Phone #: ( )			

(see location map on reverse)

Diagnostic Imaging MAB - FAX: 905-830-5981

# Medical Arts Building Diagnostic Imaging Requisition

(Mammography, Breast Ultrasound, Bone Density, Radiography)

Patient Name: (print first, last)			Appointment Date: <u>dd</u> / mm / yy		
Address:         Street Number + Name         Apa		Apartment	Appointment Time:		
City Prov	Province Postal Code		Arrival Time:		
Health Card Number:		Version Code:	Hospital Record #:		
Other Insurance:	WSIB Number:		Date of Birth: <u>dd</u> / mm / yy		
Home: ( )	Work/Other: ( )		Patient Weight: kg		
Patient not available: From: <u>dd / mm / yy</u> To: <u>dd / mm / yy</u> Reason:					
[NB: Consent to send copies can be implied if the recipies send copies or results/notes to:	ents will be involved	l in ongoing or follow-up	care.] I have obtained verbal or implied consent to		
BREAST IMAGING EXAMINATIONS - Fax Requis	sitions with Clin	ical Findings to (905)	) 830-5981		
	Ontario Bre Implants New mass New symp	creening (All eligible l be screened through the ast Screening Program)	<ul> <li>2. Breast Ultrasound</li> <li>Targeted ultrasound</li> <li>Follow-up of previous SRHC study</li> <li>Other</li> </ul>		
INDICATE FINDINGS ON DIAGRAM.					
INDICATE FINDINGS ON DIAGRAM. BONE MINERAL DENSITY		RADIOGRAPHY			
			all parts to be examined)		
BONE MINERAL DENSITY			all parts to be examined)		
BONE MINERAL DENSITY	ovided and please b	Exam Requested (	all parts to be examined)		
BONE MINERAL DENSITY  Low Risk High Risk (must indicate reason and criteria)  RELEVANT CLINICAL INFORMATION: must be pro	RATIONS AND II	Exam Requested (A e specific NFORMATION ON RI	EVERSE SIDE.		
BONE MINERAL DENSITY   Low Risk High Risk (must indicate reason and criteria)  RELEVANT CLINICAL INFORMATION: must be pro  PATIENT PREPAR INCOMPLETE REQUISITIONS WILL BE REF Referring Physician: (print first, last)	RATIONS AND II	Exam Requested ( e specific NFORMATION ON RI MAY RESULT IN A DI CPSO #	EVERSE SIDE. ELAY IN SERVICE TO YOUR PATIENT. Date: _dd_ / _mm_ /yy		
BONE MINERAL DENSITY  Low Risk High Risk (must indicate reason and criteria)  RELEVANT CLINICAL INFORMATION: must be pro PATIENT PREPAR INCOMPLETE REQUISITIONS WILL BE RE	RATIONS AND II	Exam Requested ( e specific NFORMATION ON RI MAY RESULT IN A DI	EVERSE SIDE. ELAY IN SERVICE TO YOUR PATIENT. Date:dd_ /_mm_ /yy one: ()		

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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.

