LIGHTHOUSE
MEDICAL IMAGING

info@lighthousemedical.ca
www.lighthousemedical.ca

EVENING + SATURDAY Hours Available For Most Procedures • ON-SITE RADIOLOGISTS

4190 Finch Avenue East, Unit #LL04
Scarborough, ON, M1S 4T7
TELEPHONE (416) 293-5940
FAX (416) 293-6036
我们有普通话服务。 我们有廣東話服务。

5 Fairview Mall Drive, Unit #100
North York, ON, M2J 2Z1
TELEPHONE (416) 499-3559
FAX (416) 499-4631
我们有普通话服务。我们有廣東話服务。 در محل فیرویو زبان فارسی حمایت میشود

REQUEST FOR EXAMINATION

OAR CBMD ACCREDITED FACILITY
CANADIAN ASSOCIATION OF RADIOLOGISTS MAMMOGRAPHY ACCREDITED
obsp

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ TOWN/CITY _____ POSTAL _____

PHONE ( ) _____ HEALTH CARD # ____ ____ ____ - ____ ____ ____ - ____ ____ ____ - ____ ____ VERSION

DATE OF BIRTH ____ ____ DAY ____ ____ MONTH ____ ____ ____ ____ YEAR ☐ **Male** ☐ **Female**

APPOINTMENT DATE / TIME

APPT. DATE ____ ____ DAY ____ ____ MONTH ____ ____ ____ ____ YEAR

APPT. DAY (please circle the day):

MON TUE WED THU FRI SAT

APPT. TIME _____

* Please provide 48 hours notice of cancellation.
$50 fee may be charged for missed appointment with no notice.

X-RAY

*** no appointment or preparation required** *** please advise staff if you are or may be pregnant**

HEAD + NECK
- ☐ Sinuses
- ☐ Skull
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ TM Joints
- ☐ Adenoids
- ☐ Neck for Soft Tissue
- ☐ Orbits
- ☐ Orbits – Pre-MRI

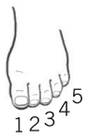
ABDOMINAL
- ☐ KUB (one view)
- ☐ Acute (two views) + PA Chest

CHEST
- ☐ Chest PA + LAT
- ☐ Chest PA Ins + Exp + Lat
- ☐ Sternum
- ☐ R Ribs + Chest PA
- ☐ L Ribs + Chest PA
- ☐ Immigration
- ☐ Chest PA

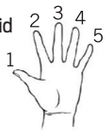
SPINE + PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum + Coccyx
- ☐ S-I Joints
- ☐ Pelvis (one view)
- ☐ R Hip + Pelvis
- ☐ L Hip + Pelvis
- ☐ Scoliosis Series

SKELETAL SURVEY
- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

OTHER EXAMS OR VIEWS:
_____



UPPER EXTREMITIES
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ Sternoclavicular Joints
- ☐ AC Joint
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ R ☐ L Scaphoid
- ☐ R ☐ L Hand
- ☐ R ☐ L Digit



LOWER EXTREMITIES
- ☐ R ☐ L Hip
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Tibia + Fibula
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Calcaneus
- ☐ R ☐ L Toes

ULTRASOUND

*** by appointment, and see preparations at back**

OBSTETRICAL
- ☐ Complete Obstetrical 18–20 weeks
- ☐ Dating
- ☐ High Risk
- ☐ Complications
- ☐ IPS (NT, 11-14 weeks)
- ☐ Biophysical Profile

PELVIC
- ☐ Transabdominal
- ☐ Transvaginal

ABDOMINAL
- ☐ Abdominal
- ☐ Abdomen + Pelvis

OTHER EXAMS:
_____

PROSTATE (incl. kidneys + bladder)
- ☐ Transabdominal
- ☐ Transrectal

SMALL PARTS
- ☐ Thyroid ☐ Neck
- ☐ Scrotum

MUSCULOSKELETAL
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Elbow
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hip
- ☐ R ☐ L Knee
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Achilles/Plantar Fascia
- ☐ R ☐ L Lumps/Masses bilateral imaging suggested

BIOPSY

- ☐ Thyroid FNA
- ☐ Ultrasound Guided Breast Biopsy
- ☐ Axillary Lymph Node Biopsy

BONE MINERAL DENSITY (DEXA)

*** walk-ins welcome, appointment preferred**

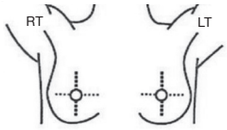
- ☐ BMD in accordance with Ministry of Health ordering guidelines

OAR CBMD ACCREDITED FACILITY

BREAST IMAGING

*** by appointment, and see preparations at back**

- ☐ Diagnostic Mammogram
  - ☐ Bilateral
  - ☐ Right
  - ☐ Left
  - ☐ Implants
- ☐ Ultrasound
  - ☐ Bilateral
  - ☐ Right
  - ☐ Left
  - ☐ Implants



- ☐ Contact patient directly if more views required
- ☐ Contact patient directly to book breast biopsy if required
- ☐ OBSP Screening
- ☐ Other: _____

Previous: ☐ Yes ☐ No

Where: _____

When: _____

CANADIAN ASSOCIATION OF RADIOLOGISTS MAMMOGRAPHY ACCREDITED
obsp

VASCULAR ULTRASOUND + CARDIAC TESTING

*** by appointment, and see preparations at back**

HEAD + NECK
- ☐ Arterial (Carotids + Vertebrals)

ABDOMEN
- ☐ Abdominal Aorta

EXTREMITIES (Peripheral Venous)
- ☐ Arm
- ☐ Leg: Superficial Venous **(Varicose Veins)**
- ☐ Leg: Deep Venous Sys. **(DVT)**

EXTREMITIES (Peripheral Arterial)
- ☐ Arm ☐ Leg with ankle-brachial indices

OTHER EXAMS:
_____

_____

CARDIAC TESTING
- ☐ Echocardiography
  - ☐ LV function
  - ☐ Chest Pain
  - ☐ SOB
  - ☐ Palpitations
  - ☐ Arrythmia
  - ☐ Syncope
  - ☐ Hypertension
  - ☐ Vascular Heart Disease
  - ☐ Murmur
  - ☐ Cardiomyopathy
  - ☐ Other:

_____

CLINICAL HISTORY REQUESTED

- ☐ WSIB

- ☐ Interpretation of Chiropractic X-Rays Requested
- ☐ Consult requested for MRI/CT/Xray/Ultrasound

REFERRING PHYSICIAN ☐ STAT ☐ VERBAL

_____
NAME OF DOCTOR DOCTOR'S SIGNATURE

_____
PHONE FAX / EMERGENCY TEL.

DATE ISSUED: ____ ____ DAY ____ ____ MONTH ____ ____ ____ ____ YEAR

- ☐ Request CD
- ☐ **COPY TO:** _____
  NAME FAX #

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PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND PREPARATIONS

☐ **ABDOMEN, ABDOMINAL AORTA**
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required).

上腹腔：检查前一夜避免进食过量脂肪。
检查前的 8 小时内避免摄入固体食物。
少量清流质食物尚可（应该根据医生嘱咐按时服用任何药物）

☐ **PELVIC ONLY – FEMALE & MALE**
One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

下腹腔 – 女性和男性
检查前一小时饮四杯水（共 1000 毫升），但不可如厕。

☐ **PROSTATE–TRANSRECTAL**
The evening before the examination, take a fleet enema (purchased at the drug store). One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

前列腺-经直肠超声波检查
请于检查前一晚使用灌肠剂（自行在药店购买）。
检查前一小时，喝 4 杯水（共 1000 毫升），但不可如厕。

☐ **ABDOMEN & PELVIC SAME VISIT**
Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. One hour prior to exam drink 4 cups of water (total 32 oz). Do NOT empty bladder.

上腹腔及下腹腔
检查前的 8 小时内避免进食固体及过量脂肪。
少量清流质食物尚可。检查前一小时，喝 4 杯水（共 1000 毫升），但不可如厕。

☐ **PREGNANCY**
One hour prior to the exam, drink the required amount of water:

under 12 weeks	4 cups (32 oz)
12-24 weeks	3 cups (24 oz)
over 24 weeks	2 cups (16 oz)

验孕： 检查前一小时按下列定量饮水：

12 孕周以下	4 杯 （共1000 毫升）
12 至 24 孕周	3 杯 （共750 毫升）
24 孕周以上	2 杯 （共500 毫升）

☐ **ECHOCARDIOGRAM, SCROTUM, THYROID + NECK, PARATHYROID, SALIVARY GLANDS, MUSCULO-SKELETAL, VASCULAR ULTRASOUND**
No preparation required.

心脏超声波、阴囊、甲状腺和颈部、甲状旁腺、唾液腺、骨骼肌肉、以及血管超声等，以上检查不需要准备

☐ **MAMMOGRAPHY**
No powder or deodorant on day of your mammogram.

乳腺钼靶 X 线摄影 - 检查当日请不要使用粉剂或除臭剂。

☐ **BONE MINERAL DENSITY**
No vitamins, no calcium or iron supplements on day of your exam.

骨密度 - 检查当日请不要使用维生素或钙片。

APPOINTMENTS

PLEASE FOLLOW PREPARATIONS CAREFULLY:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx. 45 minutes for each exam.
- **Please arrive 10 minutes prior** to your scheduled appointment time in order to register and to complete any necessary paperwork.
- **48 hours notice is required for cancellations. $50 fee may be charged for missed appointment with no notice.**
- Reports will be sent to the referring physician within 2-3 days. Urgent cases will be forwarded as soon as possible.
- Ministry of Health guidelines restrict the release of reports directly to patients.

检查须知：

请严格按照检查前准备工作的要求。

在以下情况下例如病人到达时间，机器维修，
病人/设备重量接受能力之限制等，
我们保留拒绝并且重新预约检查时间的权利。

各项检查需时约 45 分钟。

请在约定时间前 10 分钟到达，以便办理登记手续以及填写任何必要的表格。

取消检查需要于 48 小时前通知。

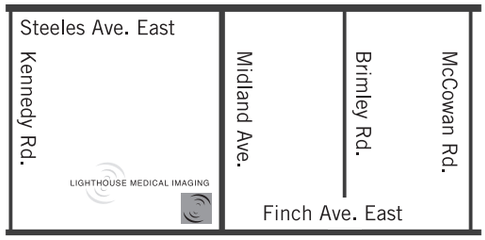
报告将于 2 至 3 天内送到你的转诊医生。紧急情况将尽早送达。

卫生局的规定限制将报告直接交给病人。

This requisition form can be taken to any licensed facility providing the required services.

FINCH SITE

FREE PARKING



HOURS:
Mon to Thurs
7:30 am – 7:30 pm
Friday
7:30 am – 5:00 pm
Saturday
8:00 am – 1:00 pm

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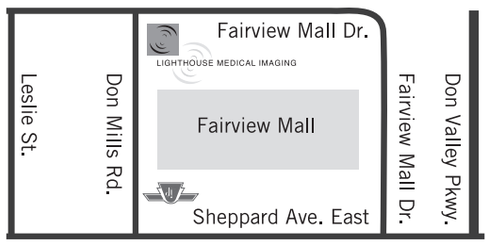
FAIRVIEW SITE



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