

ALFA-SCAN HAMILTON

1223 Barton Street East, Unit S4
Hamilton, ON, L8H 2V4
Phone: 905-549-5611 Fax: 905-549-0302
www.alfascan.ca

PATIENT INFORMATION

Last Name: _____ First Name: _____
Phone #: _____ Date of Birth: _____
OHIP#: _____ Appointment Date: _____
Clinical Information: _____

ALFA-SCAN CALEDONIA

55 Argyle Street North,
Caledonia, ON, N3W 1B8
Phone: 905-765-4059 Fax: 905-765-5755
www.alfascan.ca

REFERRING PRACTITIONER INFORMATION

Name: _____ Billing Number: _____
Phone #: _____ Fax #: _____
Date of Request: _____ Dr. Signature: _____
Address: _____
Copies to: _____

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

APPOINTMENTS / X-RAY

ABDOMEN

- ☐ Plan Film (KUB)
☐ Acute

CHEST

- ☐ Chest (PA/LAT)
☐ R ☐ L Ribs & Chest PA
☐ Sternum
☐ S.C Joints

SPINE & PELVIS

- ☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Sacrum & Coccyx
☐ SI Joints
☐ Scoliosis Series
☐ AP Pelvis

HEAD & NECK

- ☐ Skull
☐ Sinuses (Not OHIP Insured)
☐ Neck Soft Tissue
☐ Nasal Bones
☐ Facial Bones
☐ Mandible
☐ T.M Joints
☐ Orbits (MRI)

BONE MINERAL DENSITY

(By Appointment Only)

- ☐ Baseline
☐ High Risk
☐ Low Risk
Date of Last BMD: _____

UPPER EXTREMITIES

- ☐ R ☐ L Shoulder
☐ R ☐ L Clavicle
☐ A.C. Joints
☐ R ☐ L Scapula
☐ R ☐ L Humerus
☐ R ☐ L Elbow
☐ R ☐ L Forearm
☐ R ☐ L Wrist
☐ R ☐ L Scaphoid
☐ R ☐ L Hand
☐ R ☐ L Digits
No 1 2 3 4 5
☐ ☐ ☐ ☐ ☐

LOWER EXTREMITIES

- ☐ R ☐ L Hip
☐ R ☐ L Femur
☐ R ☐ L Knee
☐ R ☐ L Tib & Fib
☐ R ☐ L Ankle
☐ R ☐ L Foot
☐ R ☐ L Os. Calcis
☐ R ☐ L Toes
No 1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Additional/Special Views

ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY)

- ☐ Abdomen (Full)

Instructions:

Nothing to eat or drink, 8 hours prior to examination. No coffee, tea, milk, juice or pop. Water OK.

- ☐ Abdomen (Limited)

Specify: _____

- ☐ Renal

Instructions:

No Preparation

- ☐ Abdomen + Pelvic

Instructions:

Nothing to eat or drink, 8 hours prior to examination. Drink 4-5 glasses of water (two 500ml water bottles) to be finished **one hour** before examination.
DO NOT VOID.

- ☐ Bladder (Pre/Post)

- ☐ KUB
☐ Male Pelvic

- ☐ Female Pelvic (Includes Transvaginal Unless Contradicted)

- ☐ Transvaginal

OBSTETRICAL LMP: DD/ MM/ YYYY

- ☐ 1st Trimester
☐ Anatomy (18-20 weeks)
☐ Limited OB
☐ 3rd Trimester Growth/BPP
☐ Twins

Other Specify: _____

Instructions:

Drink 4-5 glasses of water (two 500ml water bottles) to be finished **one hour** before examination.
DO NOT VOID.

- ☐ Breast

- ☐ R ☐ L

- ☐ Axilla

- ☐ R ☐ L

- ☐ Thyroid

- ☐ Neck

- ☐ Testicular

- ☐ Inguinal Area ☐ R ☐ L

- ☐ Chest Masses

- ☐ Other Soft Tissue

Instructions:

No Preparation.

MUSCULOSKELETAL ULTRASOUND (BY APPOINTMENT ONLY)

- ☐ R ☐ L Shoulder

- ☐ R ☐ L Hand

- ☐ R ☐ L Knee

- ☐ Other Ultrasound

- ☐ R ☐ L Elbow

- ☐ R ☐ L Calves

- ☐ R ☐ L Ankle

- ☐ R ☐ L Forearm

- ☐ R ☐ L Hip

- ☐ R ☐ L Foot

- ☐ R ☐ L Wrist

- ☐ R ☐ L Thigh

- ☐ R ☐ L Achilles Tendon

