ALFA SCAN DIAGNOSTIC IMAGING

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

☐ ALFA-SCAN HAMILTON	☐ ALFA-SCAN CALEDONIA
1223 Barton Street East, Unit S4 Hamilton, ON, L8H 2V4 Phone: 905-549-5611 Fax: 905-549-0302 www.alfascan.ca	55 Argyle Street North, Caledonia, ON, N3W 1B8 Phone: 905-765-4059 Fax: 905-765-5755 www.alfascan.ca

Forms can be sent to your preferred location:
HamiltonBookings@alfascan.ca | CaledoniaBookings@alfascan.ca

PATIENT INFORMATION

Last Name: _____ First Name: _____

Phone: _____ DOB: _____

OHIP#: _____ Appointment Date: _____

Clinical Information: _____

REFERRING PRACTITIONER INFORMATION

Name: _____ Billing Number: _____

Phone: _____ Fax: _____

Date of Request: _____ Dr. Signature: _____

Address: _____

Copies to: _____

X-RAY (Walk-In Only)

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

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

ABDOMEN
- ☐ Plan Film (KUB)
- ☐ Acute

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

UPPER EXTREMITIES
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ A.C. Joints
- ☐ Scaphold
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ 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:
_____
_____
_____

BONE MINERAL DENSITY (By Appointment Only)

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

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 Contraindicated)
- ☐ 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.

- ☐ R ☐ L Breast
- ☐ R ☐ L Axilla
- ☐ Thyroid
- ☐ Neck
- ☐ Testicular
- ☐ R ☐ L Inguinal Area
- ☐ Chest Masses
- ☐ Other Soft Tissue:

_____
_____

Instructions: No Preparation

MUSCULOSKELETAL ULTRASOUND (By Appointment Only)

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hand
- ☐ R ☐ L Calves
- ☐ R ☐ L Hip
- ☐ R ☐ L Thigh
- ☐ R ☐ L Knee
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Achilles Tendon
- ☐ Other Ultrasound: _____

_____
_____

This requisition form can be taken to any licensed facility providing health care services including hospitals accepting community referrals and community surgical and diagnostic centres, such as those listed on the website: https://www.ontario.ca/page/community-surgical-and-diagnostic-centres