



HBMI
HUMBER BAY
MEDICAL IMAGING

3101 Bloor Street West
Suite 103 Etobicoke, ON
tel. 416-239-3568
fax. 416-239-3569
email. help@hbmi.ca
website. www.hbmi.ca



CLINICAL INFORMATION

Please bring this requisition form & a valid OHIP card to your appointment.

Date: _____

PATIENT INFORMATION

Name: _____ Phone #: _____
Address: _____ Postal Code: _____
City: _____ Health Card #: _____ VC: _____
D.O.B.: _____
I declare that I am not presently pregnant: _____

PHYSICIAN INFORMATION

Name: _____ Billing #: _____
Date: _____ Signature: _____
Phone: _____ Fax: _____
cc Physicians: _____
 STAT VERBAL
Contact: _____

X-RAY (NO APPOINTMENT NEEDED — WE ACCEPT WALK-INS)

- | | | | | |
|---|--|--|---|--------------|
| HEAD & NECK | SPINE & PELVIS | UPPER EXTREMETIES | LOWER EXTREMETIES | OTHER |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> R L Shoulder | <input type="checkbox"/> R L Hips | |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> R L Clavicle | <input type="checkbox"/> R L Femur | |
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> R L AC Joints | <input type="checkbox"/> R L Knee | |
| <input type="checkbox"/> Nasal Bones | <input type="checkbox"/> Lumbosacral Spine | <input type="checkbox"/> R L SC Joints | <input type="checkbox"/> R L Tibia & Fibula | |
| <input type="checkbox"/> Mandible | <input type="checkbox"/> Scoliosis Series | <input type="checkbox"/> R L Scapula | <input type="checkbox"/> R L Ankle | |
| <input type="checkbox"/> TM Joints | <input type="checkbox"/> Pelvis | <input type="checkbox"/> R L Humerus | <input type="checkbox"/> R L Foot | |
| <input type="checkbox"/> Adenoids | <input type="checkbox"/> SI Joints | <input type="checkbox"/> R L Elbow | <input type="checkbox"/> R L Calcaneus | |
| <input type="checkbox"/> Neck (Soft Tissue) | <input type="checkbox"/> Sacrum & Coccyx | <input type="checkbox"/> R L Forearm | <input type="checkbox"/> R L Toes | |
| | | <input type="checkbox"/> R L Wrist | No. ① ② ③ ④ ⑤ | |
| CHEST | ABDOMEN | <input type="checkbox"/> R L Scaphoid | SKELETAL SURVEY | |
| <input type="checkbox"/> Chest PA & Lat | <input type="checkbox"/> KUB | <input type="checkbox"/> R L Hand | <input type="checkbox"/> Arthritic | |
| <input type="checkbox"/> Chest PA | <input type="checkbox"/> Acute (3 Views) | <input type="checkbox"/> R L Fingers | <input type="checkbox"/> Metastatic | |
| <input type="checkbox"/> Sternum | | No. ① ② ③ ④ ⑤ | <input type="checkbox"/> Bone Age | |
| <input type="checkbox"/> R L Ribs | | | | |

ULTRASOUND (ALL PROCEDURES INVOLVE COLOUR DOPPLER WHERE APPLICABLE)

- | | | | | |
|---|--|---|---|--------------|
| GENERAL | MUSCULOSKELETAL | OBSTETRICAL | VASCULAR | OTHER |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> R L Shoulder | <input type="checkbox"/> Dating (< 16 Weeks) | <input type="checkbox"/> R L Venous Upper Limbs | |
| <input type="checkbox"/> Abdominal Wall | <input type="checkbox"/> R L Elbow | <input type="checkbox"/> NT (11-14 Weeks) | <input type="checkbox"/> R L Venous Lower Limbs (DVT) | |
| <input type="checkbox"/> AAA Screening | <input type="checkbox"/> R L Wrist | (IPSeFTS) | <input type="checkbox"/> R L Arterial Upper Limbs | |
| <input type="checkbox"/> Female Pelvis | <input type="checkbox"/> R L Hand | <input type="checkbox"/> Anatomic (18-20 Weeks) | <input type="checkbox"/> R L Arterial Lower Limbs | |
| <input type="checkbox"/> Transvaginal | <input type="checkbox"/> R L Hip | <input type="checkbox"/> Biophysical Profile | <input type="checkbox"/> R L Varicose Vein Assessment | |
| <input type="checkbox"/> Male Pelvis/Prostate | <input type="checkbox"/> R L Knee | <input type="checkbox"/> Follow Up OB Scan | <input type="checkbox"/> R L Thoracic Outlet Syndrome | |
| <input type="checkbox"/> Transrectal | <input type="checkbox"/> R L Ankle | LMP: | <input type="checkbox"/> Aorta & Iliac Arteries | |
| <input type="checkbox"/> KUB | <input type="checkbox"/> R L Achilles Tendon | NECK | <input type="checkbox"/> Carotid Doppler | |
| <input type="checkbox"/> Testes/Scrotum | <input type="checkbox"/> R L Foot | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Renal | |
| <input type="checkbox"/> R L Groin/Hernia | <input type="checkbox"/> R L Fingers/Toes | <input type="checkbox"/> Neck | <input type="checkbox"/> Portal Venous Doppler | |
| <input type="checkbox"/> R L Soft Tissue/Lump | No. ① ② ③ ④ ⑤ | | | |

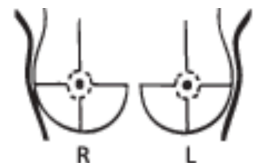
BONE MINERAL DENSITY

- Baseline
 2nd Test (3 Years After Baseline)
 Low Risk (Every 5 Years)
 High Risk (Every Year)
 Previous BMD Date: _____

Please refer to the back of this form for preparation information or visit our website to learn more

BREAST IMAGING

- OBSP / Routine Mammogram
 Diagnostic Mammogram (Indicate Area of Concern)
 R L
 Breast Ultrasound (Incl. Axilla)
 R L





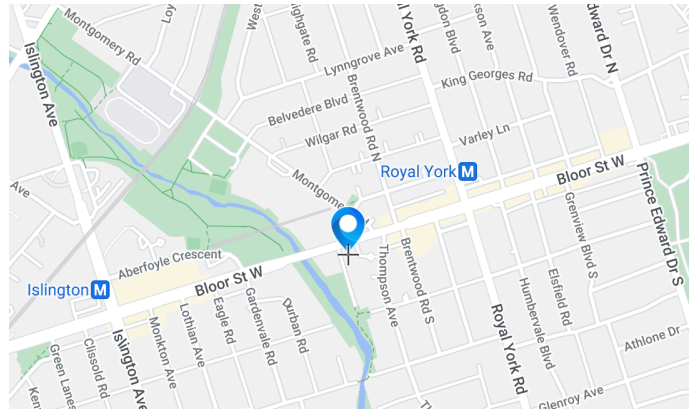
Hours: MON – FRI 8:30 AM to 5:30 PM
SATURDAY 8:30 AM to 4:00 PM
 3101 Bloor Street West Suite 103 Etobicoke, ON
Please bring this form & a valid OHIP card.

We take walk-ins for X-RAYS! For all other procedures, please visit our website now or call us below to book.

Website. www.hbmi.ca Tel. 416-239-3568

24 HRS NOTICE REQUIRED TO CANCEL.

Please read the following instructions pertaining to your procedure carefully. Failure to arrive on time and prepared may result in the cancellation/rebooking of your appointment.



ULTRASOUND	Preparation Instructions
ABDOMEN (Gallbladder, Pancreas, Spleen, Liver, Kidneys, Aorta)	Morning Appointment: No food or liquid after midnight. If needed, you may take your regular medication with a small sip of water. Afternoon Appointment: Have a light, fat free breakfast before 7am (toast, tea, juice). No food or liquids after breakfast until your appointment. If needed, you may take your regular medication with a small sip of water.
PELVIS (Uterus, Ovaries, Bladder, Prostate)	Finish drinking 1 Litre (32oz) of water 1 hour before your appointment time. Do not empty your bladder until the exam is finished.
COMBINATION ABDOMEN & PELVIS	Morning Appointment: No food or liquid after midnight. Finish drinking 1 Litre (32oz) of water 1 hour before your appointment time. Do not empty your bladder until the exam is finished. Afternoon Appointment: Have a light, fat free breakfast before 7am (toast, tea, juice). No food or liquids after breakfast until your appointment. Finish drinking 1 Litre (32oz) of water 1 hour before your appointment time. Do not empty your bladder until the exam is finished.
OBSTETRICAL	Finish drinking 1 Litre (32oz) of water 1 hour before your appointment time. Do not empty your bladder until the exam is finished.
TRANSRECTAL	Pick up a fleet enema at a pharmacy and use it according to the package instructions, 2 hours before your examination.
BONE DENSITY	Do not take calcium or iron supplements on the day of your examination.
MAMMOGRAPHY	On the day of examination, do not use deodorant, antiperspirant or talcum powder under the arms or on the chest. Please wear a 2-piece outfit for your comfort.
X-RAY	No preparation required. No appointment required. Walk-ins are welcome!