GNMI | STRATFORD
Greater Niagara Medical Imaging

444 Douro Street, Suite #102
Stratford, ON N5A 0E6
Phone: 519-273-1721 Fax: 519-273-1928
www.gnmi.ca info@gnmi.ca

REQUEST FOR EXAMINATION

Patient Information

First Name | Last Name

Home Phone | Other Phone

OHIP | Version Code | Sex (M | F) | Date of Birth (DD / MM / YYYY)

Physician Information

Name | Address

Phone | Fax

Date (DD / MM / YYYY)

Appointment Date/Time

Appointment Date (DD / MM / YYYY) | Appointment Time

Please see Patient Instructions on back

24-hour notice required to cancel appointment or $75 charge will be billed to patient.

X-RAY *(No Appointment)*

CHEST
- ❒ Chest PA & LAT
- ❒ Ribs ❒R ❒L ❒B (includes PA chest)
- ❒ Sterno - Clavicular
- ❒ Sternum

HEAD & NECK
- ❒ Soft Tissue Neck
- ❒ Skull
- ❒ Sinuses
- ❒ Facial Bones
- ❒ Nose
- ❒ Mandible
- ❒ Orbits
- ❒ TM joints

SPINE & PELVIC
- ❒ Hip ❒R ❒L
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar (L/S) Spine
- ❒ Pelvis
- ❒ S.I. Joints
- ❒ Sacrum/Coccyx
- ❒ Scoliosis

ABDOMEN
- ❒ ABD Series
- ❒ KUB (single view)

UPPER EXTREMITIES
B = *Bilateral*

B	R	L	
❒	❒	❒	Hand
❒	❒	❒	Wrist
❒	❒	❒	Elbow
❒	❒	❒	Shoulder
❒	❒	❒	Forearm
❒	❒	❒	Humerus
❒	❒	❒	Clavicle
❒	❒	❒	A.C. Joints
❒	❒	❒	Scapula
❒	❒	❒	Scaphoid
❒	❒	❒	Finger: 1 2 3 4 5

LOWER EXTREMITIES
B = *Bilateral*

B	R	L	
❒	❒	❒	Knee
❒	❒	❒	Ankle
❒	❒	❒	Foot
❒	❒	❒	Hip
❒	❒	❒	Femur
❒	❒	❒	Tib. & Fib.
❒	❒	❒	Heel
❒	❒	❒	Toe: 1 2 3 4 5

❒ Other: _____

ULTRASOUND *(By Appointment)*

GENERAL
- ❒ Abdomen
- ❒ Abdomen/Pelvis complete
- ❒ Pelvis-transvaginal
- ❒ Pelvis – transabdominal
- ❒ Renal
- ❒ Bladder
- ❒ PVR-Post Void Residual
- ❒ Transrectal Prostate
- ❒ AAA Screening
- ❒ Abdominal Wall / Hernia
- ❒ Inguinal Canal
- ❒ Scrotum
- ❒ Thyroid and Neck

FEMALE PELVIS
- ❒ Pelvis - *transvaginal*
- ❒ Pelvis – transabdominal

MALE PELVIS
- ❒ Pelvis – transabdominal bladder and prostate
- ❒ Prostate - *transrectal*

MUSCULOSKELETAL
B = *Bilateral*

	B	R	L
Shoulder	❒	❒	❒
Elbow	❒	❒	❒
Wrist/Hand	❒	❒	❒
Knee	❒	❒	❒
Achilles Tendon	❒	❒	❒
Ankle	❒	❒	❒
Foot	❒	❒	❒
Plantar Fascia	❒	❒	❒
Lumps & Bumps	❒	❒	❒

VASCULAR LAB
- ❒ Peripheral Arterial Legs-ABI
- ❒ Peripheral Arterial Arms
- ❒ Peripheral Venous Legs-DVT ❒R ❒L ❒Bil
- ❒ Peripheral Venous Arms-DVT ❒R ❒L ❒Bil
- ❒ Carotid Arteries
- ❒ Renal Arteries
- ❒ Aorta
- ❒ Portal Venous Hypertension
- ❒ Varicose Vein Assessment

❒ Other: _____

OBSTETRICS
LMP: DD / MM / YYYY

- ❒ OB — Under 16 weeks
- ❒ OB — 18-20 weeks
- ❒ OB — Fetal Growth
- ❒ OB — High Risk
- ❒ Biophysical Profile (BPP)
- ❒ Nuchal Translucency-IPS (11-14 weeks)

BONE DENSITY (BMD)
- ❒ Baseline
- ❒ 3yr - First follow-up

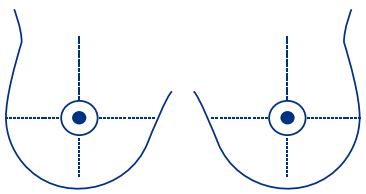
Low Risk: ❒ 5 year
High Risk: ❒ 1 year

BREAST IMAGING *(By Appointment)*

BREAST ULTRASOUND ❒ R ❒ L ❒ Bilateral

MAMMOGRAPHY
- ❒ Routine Screening Mammogram
- ❒ Diagnostic Mammogram ❒ R ❒ L
- ❒ Additional imaging if result is abnormal

ontario breast screening program
a cancer care ontario program



** Please see contraindications on back*

Clinical History Requested

❒ WSIB ❒ STAT

_____ Copy To: _____
Doctor's Signature

OTHER LOCATIONS:

St. Catharines	Niagara Falls	Welland	Toronto	Hamilton
(905) 684-6388	(905) 356-6101	(905) 735-2929	(416) 640-1103	(905) 560-8434

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: **http://www.health.gov.ca/en/public/programs/ihf/facilities.aspx**

INSTRUCTIONS TO PATIENT:

1. **Please bring your health card and this paper with you to your appointment.**
2. **Please arrive 15 minutes early to register.**
3. **Please refer to the exam preparations below.**

Preparation & Instructions These instructions are *IMPORTANT*. Please follow them. GNMI is a scent free environment

Ultrasound Preparation and Instructions

ABDOMEN
No eating or drinking (smoking or chewing gum) 4 hours prior to the appointment.

ABDOMEN/PELVIS
No eating or drinking 4 hours prior to the appointment.
START drinking 5 cups of water (40 oz. or 1.25 litres) 2 hours before your examination.
FINISH drinking at least 1 hour prior to your examination.
DO NOT empty your bladder before your examination.
Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

OBSTETRICAL/PELVIS
A full bladder is necessary for a thorough examination of the pelvis and pregnant uterus.
START drinking 5 cups of water (40 oz. or 1.25 litres) or other fluid 2 hours before your examination. FINISH drinking at least 1 hour prior to your examination.
DO NOT empty your bladder before your examination.
Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

PROSTATE (TRANSRECTAL)
FLEET ENEMA 2 hours before examination (kit may be purchased at your pharmacy)
Drink 34 oz. or 1 Litre of water 1 hour prior to appointment.
Do not go to the washroom.

Bone Mineral Densitrometry

Do not take calcium supplements for 24 hours prior to examination.
Patients are asked to wear clothing without zippers or metal attachments.

Mammogram

Remove deodorant, powder, and perfume prior to appointment.

St. Catharines

464 Welland Avenue
St. Catharines, ON L2M 5V4
Phone: 905-684-6388 • Fax: 905-684-6389

245 Pelham Road, Unit #213 **(X-RAY ONLY)**
St. Catharines, ON L2S 1X8
Phone: 905-685-0312 • Fax: 95-685-4547

120 Welland Avenue, Unit #6 **(X-RAY ONLY)**
St. Catharines, ON L2R 2N3
Phone: 905-682-8629 • Fax: 905-682-9079

Niagara Falls

5400 Portage Road, Unit #B2
Niagara Falls, ON L2G 5X7
Phone: 905-356-6101 • Fax: 905-356-9937

7885 McLeod Road
Niagara Falls, ON L2H 0G5
Phone: 905-354-8448 • Fax: 905-354-4464

Welland

555 Prince Charles Drive North, Unit #114
Welland, ON L3C 4J6
Phone: 905-735-2929 • Fax: 905-735-2969

Hamilton

260 Nebo Road, Unit #5
Hamilton, ON L8W 3K5
Phone: 905-318-4082 • Fax: 905-318-9747

Hamilton - Stoney Creek

631 Queenston Road, Unit #105
Hamilton, ON L8K 6RS
Phone: 905-560-8434 • Fax: 905-667-3093

Toronto

491 Eglinton Avenue West, Unit #302
Toronto, ON M5N 1A8
Phone: 416-640-1103 • Fax: 416-640-1106

Stratford

342 Erie Street, Unit #104
Stratford, ON N5A 0E6
Phone: 519-273-1721 • Fax: 519-273-1928