



www.GamDI.ca
Online Booking Available

• Mammography Available • Bone Density Available

Bramalea X-Ray & U/S

Ph. **905-793-5858** ••

18 Kensington Rd., Ste 206 2nd Floor Brampton, ON L6T 4S5

Fax: **905-793-5428**

Torbram & North Park X-Ray & U/S

Ph. **905-789-5627** •

2130 N Park Dr, Unit 225, 2nd Floor, Brampton, ON L6S 0C9

Fax: **905-789-5699**

North West Brampton Radiology

Ph. **905-863-2226** ••

645 Remembrance Rd. #207 & 208, 2nd Floor, Brampton ON L7H 5H2

Fax: **365-847-4444**

Brampton West Radiology

Ph. **905-488-0307** ••

9545 Mississauga Rd, Brampton ON L6X 0B3

Fax: **905-451-2380**

Bram North X Ray & Ultrasound

Ph. **905-792-2728**

2 Dewside Dr. Unit 106, Brampton, ON L6R 3B8

Fax: **905-792-7538**

Caledon X-Ray & U/S

Ph. **365-200-2070** ••

12560 Kennedy Rd, Unit 4&5 Caledon ON L7C 4C4

Fax: **365-847-4999 & 365-847-4888**

Trafalgar X-Ray & U/S

Ph. **905-845-0014** ••

1235 Trafalgar Rd, Suite B4, Oakville, ON L6H 3P1

Fax: **905-845-0018**

Hospital Gate X-Ray & U/S

(Inside North Oakville Medical Centre)

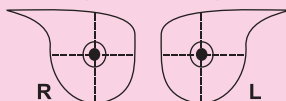
Ph. **905-825-8545** •

3075 Hospital Gate Unit 208, Oakville, ON L6M 1M1

Fax: **905-825-1374**

MAMMOGRAPHY & BREAST IMAGING

(BY APPOINTMENT)



☐ Mammography

☐ Screening

☐ Implants

☐ Breast Ultrasound

Previous Test

☐ R ☐ L

☐ Palp Mass

☐ R ☐ L

☐ Yes ☐ No

Date: _____ Location: _____

Please Bring Any Previous Films or CDS To Your Appointment

BONE DENSITY

(BY APPOINTMENT)

☐ Baseline (First Time Only)

☐ Follow Up: 3 Years (Second Time Only)

☐ Low Risk: Every 5 Years

☐ High Risk: Yearly (Osteoporosis or under Treatment)

☐ Full Body Composition Scan

(not covered by OHIP)

Previous Test ☐ Yes ☐ No

Date: _____ Location: _____



Canadian Association of Radiologists
L'Association canadienne des radiologistes

PATIENT INFORMATION

Last Name: _____ First Name: _____

Tel: _____ Address: _____

Sex: ☐ M ☐ F ☐ X Date: _____

Health Card Number: _____

Version: _____

Date of Birth: _____

Appointment Date & Time

X-RAY (No Appointment)

ABDOMEN

- ☐ Plain Film (K.U.B)
☐ Acute (3 Views includes PA Chest)

HEAD & NECK

- ☐ Skull
☐ Adenoids
☐ Soft Tissues of Neck
☐ Pit. Fossa
☐ Mastoids
☐ I.A Meati
☐ Facial Bones
☐ Nasal Bones
☐ Orbits
☐ Mandible
☐ T.M. Joints
☐ Sinuses (Not covered by OHIP)

SKELETAL SURVEY

- ☐ Metastatic Series
☐ Arthritic Series
☐ Bone Age

CHEST

- ☐ Chest
☐ Chest Visa ☐ R ☐ L
☐ Ribs & Chest PA ☐ ☐
☐ Sternum
☐ Sterno-Clavicular Joints
☐ Thoracic Inlet

SPINE & PELVIS

- ☐ Cervical Spine
☐ Dorsal Spine
☐ Scoliosis Series
☐ Lumbo-Sacral Spine
☐ Sacrum & Coccyx
☐ S.I Joints
☐ Pelvis ☐ R ☐ L
☐ Pelvis & Hip ☐ ☐

PREGNANCY RELEASE FORM

I declare, to the best of my knowledge that I am not presently pregnant

Signature _____

UPPER EXTREMITIES

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

LOWER EXTREMITIES

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

ULTRASOUND (By Appointment)

GENERAL

- ☐ Abdomen
☐ Limited Abdomen _____
☐ Female Pelvis with Transvaginal
☐ Kidneys & Bladder (pre/post void bladder vol.)
☐ Male Pelvis (Prostate)
☐ Transabdomen ☐ Transrectal
☐ Abdomen & Pelvis
☐ Hernia _____

MUSCULOSKELETAL

- ☐ Shoulder ☐ R ☐ L
☐ Elbow ☐ ☐
☐ Wrist ☐ ☐
☐ Hand ☐ ☐
☐ Hip Joint ☐ ☐
☐ Thigh ☐ ☐
☐ Knee ☐ ☐
☐ Foot ☐ ☐
☐ Ankle ☐ ☐
☐ Achilles Tendon ☐ ☐
☐ Plantar Fascia ☐ ☐
☐ Others _____

SMALL PARTS

- ☐ Thyroid
☐ Neck
☐ Submandibular Glands
☐ Parotid Glands
☐ Testes / Scrotum ☐ R ☐ L
☐ Groin (Hernia)
☐ Abdominal Wall
☐ Soft Tissue / Lump _____
☐ Axilla ☐ R ☐ L
☐ Others _____

OBSTETRICAL

- ☐ Early OBS / Dating (<16 wks)
☐ IPS / NT / eFTS (11 wks 2 days-13 wks 3 Days)
☐ Anatomical Scan (>18 wks)
☐ Twins
☐ Biophysical Profile (BPP) (>30 Wks)
☐ High Risk Pregnancy with MCA Dopplers

REQUEST FOR STAT CASE / URGENT

TEL _____ FAX _____

CLINICAL INFORMATION REQUIRED

MD: _____

Please Print Name

Signature

Billing# _____

CC: _____

Please Print Name & Provide Fax Number

DR'S OFFICE STAMP

PLEASE BRING HEALTH CARD AND THIS REQUISITION, 24 HOURS NOTICE IS REQUIRED FOR ANY CHANGE IN APPOINTMENT

This Requisition Can Be Taken To Any Licensed Facility Providing Health Care Services Including Hospitals And ICHSC

PREPARATION AND LOCATIONS

ULTRASOUND PREPARATIONS

■ ABDOMEN

- Nothing to eat or drink after midnight
NO BREAKFAST NO WATER
NO GUM NO CANDY

■ ABDOMEN PLUS PELVIS

- Nothing to eat or drink after midnight
- Follow instructions for Pelvis Ultrasound

■ OBSTETRICAL, PELVIS, KIDNEYS/BLADDER

- **FULL BLADDER is required** for the examination
- Drink 5 glasses (40 oz or 1.3 LTR) to be finished
1 hour before examination
- **DO NOT** empty bladder after drinking

■ PROSTATE STUDY

- Dulcolax Suppository inserted rectally
2 hours before examination
(only for transrectal study)
- **FULL BLADDER** is required for this examination
- Drink 5 glasses (40oz or 1.3 ltr) to be finished
1 hour before examination
- Please **DO NOT** empty bladder after drinking
- Bring PSA results if available

MAMMOGRAM

- No deodorant, powder or perfume
- Please wear two piece outfit
- Please bring any previous films or
CD's to your appointment

BONE DENSITY

Please wear two piece outfit
with no metal or zippers



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Mammography | Radiography | Vascular Ultrasound

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Radiography | Bone Mineral DXA

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SCAN QR
TO BOOK APPOINTMENT

