



# GENERAL DIAGNOSTIC IMAGING

TO MAKE AN APPOINTMENT CALL OUR **BOOKINGS DEPARTMENT**  
TEL: 519-672-7900 FAX: 519-672-8731 • Monday to Friday 8:00 a.m. to 4:45 p.m.  
FOR ALL OTHER INQUIRIES AND IMAGE REQUESTS CALL 519-672-5270

## PATIENT INFORMATION

 Requisition valid for 3 months after date issued

REFERRAL DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ VERSION CODE:    M  F WEIGHT: \_\_\_\_\_ LBS/KGS

## APPOINTMENT DETAILS

 - Please arrive 10 minutes early. Bring your health card and this form to your appointment. Late arrival and/or no form may require re-booking.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

If you are unable to keep this appointment, please give at least 24 hours notice. Call 519-672-7900 EXAM Preparations and MAPS on the back

## X-RAY • WALK-INS AND SCHEDULED APPOINTMENTS ARE AVAILABLE (WEIGHT LIMIT 325LBS)

### Chest X-Ray - One of the following MUST be checked:

- Chest sign, symptom, or other problem: Specify \_\_\_\_\_
- Pre-op high risk surgery: Specify \_\_\_\_\_
- Screening Chest X-Ray (Not eligible for OHIP coverage. Patient must pay.)

### Lumbar Spine - Suspected pathology MUST be indicated.

- Trauma/fracture
- Congenital / developmental disease  Infection
- Spinal stenosis/cauda equina syndrome  Tumour
- Ankylosing Spondylitis/Inflammatory condition
- Nerve root impingement

- |   |   |   |  |   |   |
|---|---|---|--|---|---|
| <input type="checkbox"/> Abdomen/KUB        | <input type="checkbox"/> Nasopharynx    | <input type="checkbox"/> Ribs <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Hip   | <input type="checkbox"/> L <input type="checkbox"/> R Toe         | <input type="checkbox"/> L <input type="checkbox"/> R Wrist   |
| <input type="checkbox"/> Acute Abdomen      | <input type="checkbox"/> Facial Bones   | <input type="checkbox"/> Sternoclavicular Joints                                    | <input type="checkbox"/> L <input type="checkbox"/> R Knee             | <input type="checkbox"/> L <input type="checkbox"/> R Shoulder    | <input type="checkbox"/> L <input type="checkbox"/> R Finger  |
| <input type="checkbox"/> Pelvis             | <input type="checkbox"/> Mandible       | <input type="checkbox"/> Sternum  | <input type="checkbox"/> L <input type="checkbox"/> R Ankle            | <input type="checkbox"/> L <input type="checkbox"/> R A.C. Joints | <input type="checkbox"/> L <input type="checkbox"/> R Forearm |
| <input type="checkbox"/> Pelvis & Left Hip  | <input type="checkbox"/> Nasal Bones    | <input type="checkbox"/> Cervical Spine   | <input type="checkbox"/> L <input type="checkbox"/> R Foot             | <input type="checkbox"/> L <input type="checkbox"/> R Clavicle    | <input type="checkbox"/> L <input type="checkbox"/> R Hand    |
| <input type="checkbox"/> Pelvis & Right Hip | <input type="checkbox"/> Skull          | <input type="checkbox"/> Thoracic Spine   | <input type="checkbox"/> L <input type="checkbox"/> R Femur            | <input type="checkbox"/> L <input type="checkbox"/> R Humerus     | <input type="checkbox"/> L <input type="checkbox"/> R Thumb   |
| <input type="checkbox"/> Sacrum and Coccyx  | <input type="checkbox"/> Pre-MRI Orbits | <input type="checkbox"/> Sacroiliac Joints  | <input type="checkbox"/> L <input type="checkbox"/> R Tibia and Fibula | <input type="checkbox"/> L <input type="checkbox"/> R Scapula     |   |
|   | <input type="checkbox"/> Scoliosis      |   | <input type="checkbox"/> L <input type="checkbox"/> R Heel             | <input type="checkbox"/> L <input type="checkbox"/> R Elbow       |   |

## BONE MINERAL DENSITOMETRY • BY APPOINTMENT • 595 BRADLEY (WEIGHT LIMIT 340LBS)

- Has your patient had a previous BMD?  Yes  No  
Please provide us with the most recent BMD report if the exam was not done at London X-Ray Associates
- High Risk BMD including Pediatric (once every 12 months)  
 Low Risk BMD including Pediatric
- Ministry of Health restricts Low Risk exams to one follow-up at 36 months and subsequent follow-ups at 60 months
- Has your patient had a fragility fracture after age 40?  Yes  No  
Fragility Fracture defined as spontaneous or with minimal trauma not including ankle, foot, hand, skull and face.
  - Is your patient on a prolonged course of corticosteroid treatment of greater than 3 months?  Yes  No
  - How long has your patient been on Bisphosphonates? \_\_\_\_\_

## DIGITAL MAMMOGRAPHY • BY APPOINTMENT • 450 CENTRAL & 595 BRADLEY



ontario breast screening program  
a cancer care ontario program

C.A.R. MAMMOGRAPHY ACCREDITED

OBSP AFFILIATE SCREENING SITE

OBSP (Ages 50-74)

Mammogram Routine Screening Only

Implants

Women who are 75 years and older will no longer be able to self refer into the OBSP. They will however be able to come through OBSP with a referral from their primary care provider LXA performs routine screening only. Patients with breast symptoms will be referred to St. Joseph's Health Centre.

HISTORY/CLINICAL FINDINGS (required): \_\_\_\_\_

Stat Call  Stat Fax

REFERRED BY: \_\_\_\_\_ M.D. BILLING # \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_ CC: \_\_\_\_\_

VISIT OUR WEBSITE: [www.lxa.on.ca](http://www.lxa.on.ca)

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

**PREPARATION AND INSTRUCTIONS:** These instructions are **IMPORTANT**. Please follow them.

**BONE MINERAL DENSITOMETRY (BMD)**

- Do not take calcium pills the day of examination.** Undigested pills can interfere with the scan resulting in rebooking the examination. If possible, avoid wearing metal buttons, zippers or belt buckles over mid abdomen. A gown will be provided if necessary. If you have had a nuclear medicine dye injection or a barium study within the past two weeks, please reschedule your BMD test.
- Please bring a list of all your medications including dosages.

**MAMMOGRAM**

- Wear separate top with skirt or slacks. No deodorant or talc.

**X-RAY PREPARATIONS**

- Knee X-Ray or Lower Extremity** - Bring or wear shorts.

**GENERAL INFORMATION**

- Please arrive 10 minutes in advance of your appointment time.
- Please bring your requisition with you.
- You will be asked at **EACH VISIT** to provide a **VALID HEALTH CARE CARD**.
- If you do not have your card you may be asked to return for your examination.
- Please call to cancel if unable to keep a booked appointment.

**SEE SEPARATE REQUISITION FOR ULTRASOUND & ECHOCARDIOGRAMS**

**FAILURE TO COMPLY WITH THE ABOVE PREPARATION INSTRUCTIONS  
MAY RESULT IN THE EXAMINATION HAVING TO BE RESCHEDULED.**

**104-450 Central Ave.**  
London, ON N6B 2E8  
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**460 Springbank Dr.**  
London, ON N6J 0A8  
Tel: 519-438-8131  
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**440 Boler Rd.**  
London, ON N6K 4L2  
Tel: 519-657-8246  
Fax: 519-657-5439

**595 Bradley Ave.**  
London, ON N6E 3Z8  
Tel: 519-913-7900  
Fax: 519-913-0429

**1657 Dundas St. E.**  
London, ON N5W 3C6  
Tel: 519-659-4158  
Fax: 519-659-3294

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**\*Convenient Clinic Hours  
Including Evenings and Weekends!**

