



WESTNEY HEIGHTS DIAGNOSTIC CENTRE

15 Westney Road North, Unit 2, Ajax, ON L1T 1P4

Tel: 905-686-9729 • Fax: 905-686-6188

www.whdc.ca | Email: info@whdc.ca

Clinic Hours:

Monday	8:00am - 6:00pm
Tuesday	8:00am - 6:00pm
Wednesday	8:00am - 6:00pm
Thursday	8:00am - 6:00pm
Friday	8:00am - 6:00pm
Saturday	8:00am - 4:00pm
Sunday	Closed

**FEMALE
TECHNOLOGISTS
AVAILABLE**

PATIENT INFO:

Name: _____ Sex: ☐ M ☐ F

Health Card #: _____ DOB: _____

Address: _____ Phone: _____

APPOINTMENT:

DATE: _____

TIME: _____

Please arrive 15 minutes
before your appointment time.

X-RAY - Walk-In

ABDOMEN:

- ☐ KUB (1 View)
- ☐ Acute (includes PA Chest)

CHEST:

- ☐ Chest (PA & Lat)
- ☐ Ribs ☐ ☐
- (includes PA Chest)
- ☐ Sternum

HEAD & NECK:

- ☐ Skull
- ☐ Orbits (Pre MRI)
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Soft Tissue of Neck
- ☐ Adenoids

SPINE & PELVIS:

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ L/S Spine, Pelvis & S.I. Joints
- ☐ Sacrum & Coccyx
- ☐ S. I. Joints
- ☐ Pelvis

SKELETAL SURVEY

- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone age

UPPER EXTREMITIES:

- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ S.C. Joints
- ☐ ☐ A.C. Joints
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Finger 1 2 3 4 5



LOWER EXTREMITIES:

- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tib / Fib
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Calcaneus
- ☐ ☐ Toes 1 2 3 4 5



ULTRASOUND - Appointment Required

GENERAL

- ☐ Abdomen
(Ltd. Pelvis, if required)
- ☐ Abdomen & Pelvis Complete
- ☐ Abdomen & Pelvis KUB
- ☐ Female Pelvis
(includes transvaginal
unless contraindicated)
- ☐ Male Pelvis/Prostate
 - ☐ Transrectal
(includes US of kidneys)
 - ☐ Transabdominal

OBSTETRICAL

- ☐ Early Dating
- ☐ NT/eFTS (11w 0d - 13w 6d)
- ☐ Anatomy Scan (19-21 wks)
- ☐ Dual Scan - NT and Anatomy
- ☐ Biophysical Profile/BPP
- ☐ High Risk/Follow-Up
- ☐ Twin Pregnancy
- ☐ LMP _____

SMALL PARTS

- ☐ Thyroid
- ☐ Neck
- ☐ Salivary Glands ☐ ☐ ☐
- ☐ Breast ☐ ☐ ☐
- ☐ Scrotum/Testes ☐ ☐ ☐
- ☐ Groin ☐ ☐ ☐
- ☐ Abdominal Wall
- ☐ Soft Tissue/Lump

VASCULAR STUDIES

- ☐ Carotid Doppler
- ☐ Venous Doppler (DVT)
 - ☐ Upper Extremities
 - ☐ Lower Extremities
- ☐ Varicose Vein Assessment
- ☐ Arterial Doppler (ABI)
 - ☐ Upper Extremities
 - ☐ Lower Extremities
- ☐ Aorta

MUSCULOSKELETAL

- ☐ ☐ ☐ Shoulder
- ☐ ☐ ☐ Elbow
- ☐ ☐ ☐ Wrist
- ☐ ☐ ☐ Hand
- ☐ ☐ ☐ Finger
- ☐ ☐ ☐ Arm
- ☐ ☐ ☐ Hip
- ☐ ☐ ☐ Hamstring
- ☐ ☐ ☐ Knee
- ☐ ☐ ☐ Calf
- ☐ ☐ ☐ Ankle
- ☐ ☐ ☐ Achilles Tendon
- ☐ ☐ ☐ Foot
- ☐ ☐ ☐ Plantar Fascia
- ☐ Other _____

X-RAY PREGNANCY RELEASE FORM

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

SIGNATURE OF PATIENT _____

BONE MINERAL DENSITOMETRY (BMD)*

- ☐ BMD in accordance with Ministry of Health guidelines

*Appointment is recommended but walk-ins are welcome if no calcium tablets are taken

CLINICAL INFORMATION REQUIRED:

☐ STAT ☐ FAX ☐ CD

DOCTOR'S SIGNATURE: _____ CC: _____

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: <https://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

Please bring your valid OHIP to each appointment along with this requisition.

SEE REVERSE SIDE FOR PATIENT INSTRUCTIONS

PATIENT INSTRUCTIONS

1. ABDOMINAL ULTRASOUND

MORNING APPOINTMENT:

- Fat free dinner the night before (no dairy products or carbonated drinks)
- Nothing to eat or drink after midnight the night before (6-8 hours of fasting is required)

AFTERNOON APPOINTMENT:

- Fat free breakfast 6 hours before your appointment (no dairy products, no eggs, no carbonated drinks)

2. PELVIC (MALE & FEMALE)

OR OBSTETRICAL ULTRASOUND

- Finish drinking 1 litre of water or juice one hour before your appointment

DO NOT EMPTY YOUR BLADDER

A full bladder is necessary for the examination

3. ABDOMINAL AND PELVIC ULTRASOUND COMBINED (Complete and KUB)

- Fat free dinner the night before (no dairy products or carbonated drinks)
- No breakfast on the day of appointment
- Finish drinking 1 litre of water or juice one hour before your appointment

DO NOT EMPTY YOUR BLADDER

A full bladder is necessary for the examination

4. PROSTATE – TRANSRECTAL ULTRASOUND

- Purchase FLEET ENEMA from the pharmacy and follow instructions in the package
- Self administer enema 2 hours BEFORE the appointment time
- Finish drinking 1 litre of water or juice one hour before the appointment

DO NOT EMPTY YOUR BLADDER

A full bladder is necessary for the examination

5. BONE MINERAL DENSITY

DO NOT TAKE CALCIUM TABLETS on the day of the exam

- Appointments should not be booked within 2 weeks of having any x-ray exams involving contrast agents or having a nuclear medicine exam
- Please wear clothing without metal (no buttons, zippers or jewellery)

6. NO PREPARATION IS REQUIRED FOR THE FOLLOWING ULTRASOUND EXAMINATIONS:

- Musculoskeletal
- Vascular
- Small Parts



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**15 Westney Rd. North
Ajax, ON L1T 1P4**

North East Corner of Westney Rd
and Highway 2 in the plaza
with Shoppers Drug Mart

We are located inside the Walk-In Clinic.

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