



1757 Sherbrooke St.
 Peterborough, ON., K9K-0G1
 (Corner of Sherbrooke & Brealey)
 P: 705-874-6660 F: 705-874-6665
 Monday - Friday 9am-5pm, Closed for lunch 12-1pm
 Visit our website @ www.Apex-Diagnostics.com

Appointment: _____
 Date: _____
 Time: _____

A Requisition and Valid Health Card MUST be presented at time of appointment.

<p>Pt. Name: _____</p> <p>Phone#: _____ DOB: _____</p> <p>HCN: _____ M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Indications and Clinical Information: _____</p> <p>_____</p>	<p style="text-align: center;">REFERRING PHYSICIAN</p> <p style="text-align: right;">_____ M.D/N.P.</p> <p style="text-align: right;">_____ C.C</p> <div style="border: 1px solid black; padding: 5px; text-align: center; color: red; margin: 5px 0;"> Mandatory Signature </div> <p>Request of Urgent Reports:</p> <p>Verbal: <input type="checkbox"/> Tel: _____ Fax: _____</p>
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ULTRASOUND – Call for an Appointment

<p style="text-align: center;">SMALL PARTS</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Groin/Inguinal</p> <p><input type="checkbox"/> Testes/Scrotum</p> <p><input type="checkbox"/> Thyroid Gland</p> <p><input type="checkbox"/> Sub Mandib. Gland</p> <p><input type="checkbox"/> Parotid Gland</p> <p><input type="checkbox"/> Soft Tissue/Lump</p>	<p style="text-align: center;">GENERAL</p> <p><input type="checkbox"/> Kidneys</p> <p><input type="checkbox"/> GU</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Pelvis</p>	<p style="text-align: center;">MUSCULOSKELETAL</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Shoulder/AC Joint</p> <p><input type="checkbox"/> <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> <input type="checkbox"/> Wrist and Hands</p> <p><input type="checkbox"/> <input type="checkbox"/> Leg</p> <p><input type="checkbox"/> <input type="checkbox"/> Hip</p> <p><input type="checkbox"/> <input type="checkbox"/> Knee</p> <p><input type="checkbox"/> <input type="checkbox"/> Ankle/Foot</p> <p><input type="checkbox"/> <input type="checkbox"/> Achilles/Plantar Fascia</p>	<p style="text-align: center;">VASCULAR</p> <p><input type="checkbox"/> Aorta</p> <p><input type="checkbox"/> Carotid Doppler</p> <p><input type="checkbox"/> Upper Limb Arterial</p> <p><input type="checkbox"/> Upper Limb Venous - DVT</p> <p><input type="checkbox"/> Lower Limb Arterial</p> <p><input type="checkbox"/> Lower Limb Venous - DVT</p> <p><input type="checkbox"/> Ankle Brachial Index</p>
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X-RAY – Call for an Appointment

<p style="text-align: center;">HEAD AND NECK</p> <p><input type="checkbox"/> Neck for soft tissues</p> <p><input type="checkbox"/> Skull</p> <p><input type="checkbox"/> Pre MRI Orbits</p> <p><input type="checkbox"/> Facial Bones</p> <p><input type="checkbox"/> Nose</p> <p><input type="checkbox"/> Mandible</p>	<p style="text-align: center;">ABDOMEN</p> <p><input type="checkbox"/> Supine & Erect</p> <p><input type="checkbox"/> KUB</p>	<p style="text-align: center;">SPINE & PELVIS</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar (L/S) Spine</p> <p><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="checkbox"/> Sacro Iliac (S.I.) Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Pelvis & Hips (Bilat)</p>	<p style="text-align: center;">UPPER EXTREMITIES</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Clavicle</p> <p><input type="checkbox"/> <input type="checkbox"/> A.C. Joints</p> <p><input type="checkbox"/> <input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> <input type="checkbox"/> Humerus</p> <p><input type="checkbox"/> <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> <input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand</p> <p><input type="checkbox"/> <input type="checkbox"/> Digit 1 2 3 4 5</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand/Wrist</p> <p><input type="checkbox"/> <input type="checkbox"/> Forearm</p>	<p style="text-align: center;">LOWER EXTREMITIES</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Hip</p> <p><input type="checkbox"/> <input type="checkbox"/> Femur</p> <p><input type="checkbox"/> <input type="checkbox"/> Knee</p> <p><input type="checkbox"/> <input type="checkbox"/> Tibia & Fibula</p> <p><input type="checkbox"/> <input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> <input type="checkbox"/> Foot</p> <p><input type="checkbox"/> <input type="checkbox"/> Toe 1 2 3 4 5</p> <p><input type="checkbox"/> <input type="checkbox"/> Calcaneus</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p>
<p>BONE MINERAL DENSITY – Call for an Appointment</p>				
<p><input type="checkbox"/> Baseline: Initial Test</p> <p><input type="checkbox"/> Follow up: High Risk, 1yr</p>	<p>Routine: <input type="checkbox"/> Initial 3yr F/U from Normal BMD</p> <p><input type="checkbox"/> 5yr Follow up from Normal BMD</p>			

CARDIOVASCULAR SERVICES Echocardiogram Holter Monitor ECG Treadmill Stress Test

Exercise Stress Echocardiogram Dobutamine Stress Echocardiogram Ambulatory Blood Pressure Monitor(\$60 fee)

<p>NUCLEAR MEDICINE SERVICES (Call for an Appointment)</p> <p><input type="checkbox"/> Exercise Cardiolute (Sestamibi) <input type="checkbox"/> Rest Ventricular Function (MUGA)</p> <p><input type="checkbox"/> Persantine Cardiolute (Sestamibi) <input type="checkbox"/> Myocardial Viability (Thallium)</p> <p><input type="checkbox"/> Dobutamine Cardiolute (Sestamibi)</p>	<p style="text-align: center;">PHYSICIANS CONSULT</p> <p><input type="checkbox"/> Dr. A. Mahim <input type="checkbox"/> Dr. C. Knutson</p> <p><input type="checkbox"/> Dr. A. Sukhi <input type="checkbox"/> Urgent</p>
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PLEASE NOTE: A requisition for Diagnostic Imaging is valid at any hospital or licensed imaging facility.