

APEX
DIAGNOSTIC SERVICES

Monday - Friday 9am-5pm, Closed for lunch 12-1pm
Visit our website @ www.Apex-Diagnostics.com

Time: _____

**A Requisition and Valid Health Card MUST be presented at time of appointment.
This requisition for Diagnostic Imaging is valid at any hospital or licensed imaging facility**

Pt. Name: _____		REFERRING PHYSICIAN	
Phone#: _____ DOB: _____		_____ M.D/N.P.	
HCN: _____ M ☐ F ☐		_____ C.C	
Indications and Clinical Information: _____		Mandatory Signature	

_____		Clinic Location: _____	
_____		Tel: _____ Fax: _____	
_____		Urgent Report: ☐	
ULTRASOUND – Call for an Appointment			
SMALL PARTS ☐ L ☐ R Groin/Inguinal ☐ Testes/Scrotum ☐ Thyroid Gland ☐ Sub Mandib. Gland ☐ Parotid Gland ☐ Soft Tissue/Lump		GENERAL ☐ Kidneys ☐ GU ☐ Abdomen ☐ Pelvis	
		MUSCULOSKELETAL L R ☐ ☐ Shoulder/AC Joint ☐ ☐ Elbow ☐ ☐ Wrist and Hands ☐ ☐ Leg ☐ ☐ Hip ☐ ☐ Knee ☐ ☐ Ankle/Foot ☐ ☐ Achilles/Plantar Fascia	
		VASCULAR ☐ Aorta ☐ Carotid Doppler ☐ Upper Limb Arterial ☐ Upper Limb Venous - DVT ☐ Lower Limb Arterial ☐ Lower Limb Venous - DVT ☐ Ankle Brachial Index	
X-RAY – Call for an Appointment			
HEAD AND NECK ☐ Neck for soft tissues ☐ Skull ☐ Pre MRI Orbits ☐ Facial Bones ☐ Nose ☐ Mandible		ABDOMEN ☐ Supine & Erect ☐ KUB	
		CHEST ☐ Chest PA & LAT ☐ L ☐ R Ribs ☐ Sternum	
		SPINE & PELVIS ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar (L/S) Spine ☐ Sacrum/Coccyx ☐ Sacro Iliac (S.I.) Joints ☐ Pelvis ☐ Pelvis & Hips (Bilat)	
		UPPER EXTREMITIES L R ☐ ☐ Clavicle ☐ ☐ A.C. Joints ☐ ☐ Shoulder ☐ ☐ Humerus ☐ ☐ Elbow ☐ ☐ Wrist ☐ ☐ Hand ☐ ☐ Digit 1 2 3 4 5 ☐ ☐ Hand/Wrist ☐ ☐ Forearm	
		LOWER EXTREMITIES L R ☐ ☐ Hip ☐ ☐ Femur ☐ ☐ Knee ☐ ☐ Tibia & Fibula ☐ ☐ Ankle ☐ ☐ Foot ☐ ☐ Toe 1 2 3 4 5 ☐ ☐ Calcaneus ☐ ☐ Other: _____	
CARDIOVASCULAR SERVICES			
☐ Echocardiogram ☐ Holter Monitor ☐ Treadmill Stress Test ☐ Dobutamine Stress Echocardiogram			
NUCLEAR MEDICINE SERVICES (Call for an Appointment) ☐ Exercise Myoview MPI ☐ Rest Ventricular Function (MUGA) ☐ Persantine Myoview MPI – <i>Asthma contraindication</i> ☐ Dobutamine Myoview MPI (<i>Persantine is preferred for patients with pacemakers or LBBB.</i>)		PHYSICIANS CONSULT ☐ Dr. A. Mahim ☐ Dr. C. Knutson ☐ Urgent ☐ Routine Consultation	

Please see the separate APEX BMD requisition for BMD testing.