



**24-hour notice required to cancel appointment or \$75 charge will be billed to patient**

- 1370 Clyde Avenue, Nepean, ON K2G 3H8
- 110 Michael Cowpland Dr, Kanata, ON K2M 2G9
- 601 Limoges Road, Limoges, ON K0A 2M0
- 550-1145 Hunt Club Road, Ottawa, ON K1V 0Y3

**Phone: 613-727-1072 | Fax: 613-727-5873**

Website: [www.mmimaging.com](http://www.mmimaging.com)

Email: [info@mmimaging.com](mailto:info@mmimaging.com)

Please see Patient Instructions on website

**Patient Information**

Last Name		First Name	
Address		Cell Phone	
		M   F	
OHIP	Version Code	Sex	Date of Birth
Email Address: _____			

**Physician Information**

Name	Address
Phone	Fax
OHIP Billing #:	
Email Address: _____	
Appointment Date	DD/MM/YYYY
Time:	

**X-RAY (No Appointment)**

**CHEST**  
 Chest PA & LAT  
 Ribs  L  R  
 (includes PA chest)  
 Sterno-Clavicular  
 Sternum

**HEAD & NECK**  
 Soft Tissue Neck  
 Skull  
 Sinuses (Non-OHIP/Private Pay)  
 Facial Bones  
 Nose  
 Mandible  
 Orbits  
 TM Joints

**SPINE & PELVIC**  
 Pelvis  
 Hip  L  R  
 Cervical Spine  
 Thoracic Spine  
 Lumbar (L/S) Spine  
 S.I. Joints  
 Sacrum/Coccyx  
 Scoliosis

**ABDOMEN**  
 ABD Series  
 KUB (single view)

**UPPER EXTREMITIES**  
 L R  
  Shoulder  
  Scapula  
  Clavicle  
  A.C. Joints  
  Humerus  
  Elbow  
  Forearm  
  Wrist  
  Scaphoid  
  Hand  
  Finger: 1 2 3 4 5

**LOWER EXTREMITIES**  
 L R  
  Hip  
  Femur  
  Knee  
  Tibia & Fibula  
  Ankle  
  Foot  
  Heel  
  Toe: 1 2 3 4 5

**BONE DENSITY (BMD) (By Appointment)**

Routine (Low Risk)  
 High Risk  
 Total Body Composition (Non-OHIP/Private Pay)

**GENERAL**  
 Abdomen  
 Sonographic KUB  
 PVR – Post Void Residual  
 AAA Screening  
 Umbilical Hernia  
 Inguinal Canal/Groin  
 Scrotum  
 Thyroid  
 Neck  
 Submandibular Glands  
 Elastography/Shearwave (Non-OHIP/Private Pay)

**ECHOCARDIOGRAM** ♥

**FEMALE PELVIS**  
 Pelvis – transvaginal  
 Pelvis – transabdominal

**MALE PELVIS**  
 Pelvis – transabdominal  
 bladder & prostate  
 Prostate – transrectal

**MAMMOGRAPHY (By Appointment)**

OBSP (Routine Screening Mammogram)  
 Screening Mammogram  
 Diagnostic Mammogram  
 L  R  
 Breast Ultrasound  
 L  R

**ULTRASOUND (By Appointment)**

**MUSCULOSKELETAL**  
 L R  
  Shoulder  
  Elbow  
  Wrist  
  Hand  
  Knee  
  Achilles Tendon  
  Ankle (Medial)  
  Ankle (Lateral)  
  Foot  
  Plantar Fascia  
  Hips  
  Other \_\_\_\_\_

**VASCULAR LAB**  
 Peripheral Arterial Legs - ABI  
 Peripheral Arterial Arms - WBI  
 Venous Legs – DVT  L  R  
 Venous Arms - DVT  L  R  
 Varicose Vein Assmt  L  R  
 TOS Arterials  
 TOS Venous  
 Renal Arteries  
 Carotid Arteries  
 ABI (Compression therapy only)  
 Portal Venous Hypertension  
 Temporal Arteries

**OBSTETRICS** LMP: DD/MM/YYYY  
 OB – Dating  Follicular Tracking  
 OB – Morphology  Biophysical Profile (BPP)  
 OB – Fetal Growth  Nuchal Translucency – EFTS (11 - 14 wks)

**NUCLEAR MEDICINE (By Appointment)**

\*Cardiac Perfusion  
 Pharmacologic  DisCont. Meds  Cont. Meds  
 Treadmill  DisCont. Meds  Cont. Meds  
 Bone Scan (Single Site)  
 Bone Scan (Total Body)  
 Gastric Emptying Scan

\*Affiliated with Merivale Cardiovascular Consultants

**Clinical History Requested and/or Other Modality Requests**

WSIB  Out of Province  STAT

\_\_\_\_\_ Copy To: \_\_\_\_\_

**CARDIOLOGY** Call MCC at 613-722-8086

\*Exercise Stress Test  
 \*Holter Monitor 48/72-hr  
 \*Holter Monitor 14-day  
 Echocardiogram (Call MMI 613-727-1072)

Doctor's Signature

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and ICHSC, such as those listed on the ICHSC Program website:

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

Updated March 1 2025