



LET US COME TO YOU

How to Order our X-ray and Ultrasound Services For Private Home Care and Retirement Homes

Step 1: Registered Physician/Nurse practitioners must fill out the MOH Approval form and fax it to the MOH office in Kingston Ontario for the approval signature*:

MOH Fax: 1-613-548-6734

*Please note, approval will be denied if all fields are not complete or if the registered Physician or NP (with OHIP Billing number) has not signed. The Ministry Health Services Branch will usually respond to your request within 24-48 hours.

Step 2: Fax the completed Approval form to our office which has been signed by both the ordering registered practitioner and the MOH signature of approval to:

StL Toll Free Fax: 1-855-374-3497

Step 3: Services are arranged once our office receives the completed document above. The address provided for the service must be fully accessible for our portable equipment and our pre-home visit questionnaire completed beforehand. X-ray equipment is limited to 2 steps maximum and have three feet of clearance.

Ministry of Health
 Health Programs and
 Delivery Division
 Health Insurance Branch
 49 Place d'Armes
 Kingston ON K7L 5J3
 Facsimile: 613 548-6734

Ministère de la Santé
 Division des programmes de santé et de
 la prestation des services
 Direction de l'assurance-santé
 49 Place d'Armes
 Kingston ON K7L 5J3
 Télécopieur : 613 548-6734



MOBILE X-RAY/ULTRASOUND AUTHORIZATION FORM

Patient First Name:	
Patient Last Name:	
Health Card Number:	
Date of Birth:	YYYY-MM-DD
Physician or Nurse Practitioner Name:	
Patient's Address for Mobile Service:	
Facility Phone Number:	Extension
Fax Number:	
PERMISSION BEING REQUESTED FOR MOBILE X-RAY/ULTRASOUND FOR:	
Part of Body:	
Reason for X-ray/Ultrasound:	
Medical Reason Patient Is Not Ambulatory:	
Requesting Physician or Nurse Practitioner Signature:	The referring physician or nurse practitioner must sign, or request will be denied.
Ministry Approval/Date:	

To obtain Ministry approval, please fax the form to 613-548-6734.

Mobile service request **will be denied** if:

CLEAR FORM

PRINT

- The ministry's form is not used (a requisition form will not be accepted).
- All fields are not completed on this application form.
- The reason that the patient cannot go to a regular clinic is not clear.
- The referring physician has not signed the form, and/or RN/RPNs have signed the application on behalf of the physician.
- The form is not readable – it should be printed clearly or typed.



PRE-HOME VISIT SERVICE QUESTIONNAIRE

To be completed and included in MOH Approved orders

Our company has been contacted to come to your home to perform diagnostic imaging. Before an appointment can be scheduled, we need to ask a few questions to determine if we have adequate safe accessibility to your home for our portable equipment and professional staff. This information will be reviewed by the x-ray or ultrasound technologist prior to arrival.

Retirement Homes: Require only the 3rd and 4th question to be answered and can be answered by any staff member of that home.

1. Are there steps leading up to your front door? If yes, how many and what is the height of each step? Do you have a ramp for wheelchair access? Answer: _____

***Our policy states that the portable imaging equipment cannot be brought up more than 2-3 standard steps in total due to size and weight variables.**

2. Do you have legal, accessible parking available on site if this is a private residence? If so, where? Answer: _____ Is there a parking code? _____
3. Will the patient be on the main floor (required) or is there an elevator to gain access to upper floors? Answer: _____

4. What is the approximate weight and height of the patient?

Weight*: _____ Height: _____

***Certain X-rays are restricted to 90 kgs/200lbs such as Abdomen, Lumbar, Pelvis and Sacrum/Coccyx**

5. Type of bed for supine exams (Abdomen, Pelvis, Hips, Spine):
 - Is this patient in a hospital bed? _____
 - If no, what type of bed are they in and is the underside open for accessibility of the imaging equipment? _____
 - If no, is the bed adjustable? _____ (able to raise up and down, sit up and back)

6. Is there a 3-foot-wide (~ 1 meter) clear path to gain entry to the main floor of the home?

Answer: _____

Note: During the winter season, snow must be cleared and a pathway salted prior to the SiL technologist's arrival or equipment will not be unloaded. Furniture and personal items must be cleared and this is the responsibility of the recipient and their support persons.



**StL Diagnostic Imaging will not be responsible for non-compliance of accessibility which may result in damage to personal property while on site.*

7. Do you have a pet? Pets must be segregated from the main floor exam site prior to the technologist's arrival.
8. Any sites with an over abundance of clutter or unsanitary conditions pose as a safety risk and therefore will not be serviced. Service provision will remain suspended until proof of improved conditions of the environment has been obtained. Ordering physicians will be notified.
9. The **required accompanying support persons for exams must be present**. If there is a change of availability on the day of your appointment, the exam will be rescheduled. IF THIS HAPPENS, PLEASE CONTACT OUR OFFICE IMMEDIATELY. Confirmation of an accompanying friend or family member is required, otherwise service will be suspended until further notice.

**Please note that we may not be able to perform the study due to accessibility, potential safety hazards and space constraints. Every examination and situation are varied. In some instances, the technologist may cancel the examination upon arrival. The decision is based on their professional assessment and discretion.*

Our message of thanks!

StL Diagnostic Imaging appreciates the opportunity to work collaboratively with you and your healthcare teams to provide the best services possible. Please take a moment to fill out one of our client surveys and share your experience feedback: www.stl imaging.ca.