



**ONTARIO**  
IMAGING CENTER  
SCARBOROUGH

Tel: 416-298-9752  
Fax: 647-352-3850

3850 Finch Ave. East, Suite # B09  
Scarborough, ON M1T 3E7  
Email: info@ontarioimaging.com  
www.ontarioimaging.com

# FULLY DIGITALIZED FACILITY

## PATIENT INFORMATION

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Sex :  M  F  
Tel : \_\_\_\_\_ Address : \_\_\_\_\_ Date : \_\_\_\_\_

Health Card Number	Version	Date of Birth
		YY MM DD

## REQUEST FOR STAT CASE

Verbal/Tel : \_\_\_\_\_ Fax : \_\_\_\_\_  WSIB

## ULTRASOUND By Appointment Only

### GENERAL

- Abdomen
- Limited Abdomen \_\_\_\_\_
- Abdomen & Male Pelvis
- Abdomen & Female Pelvis
- Female Pelvis & Transvaginal
- Female Pelvis
- Transvaginal
- Male Pelvis (Prostate)
  - Transabdomen  Transrectal
- Kidneys & Bladder  
(pre / post void bladder vol.)

### OBSTETRICAL

- Early OBS / Dating (<16 wks)
- IPS / NT (11-13 wks)
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- High Risk Pregnancy
- Biophysical Profile (BPP)

### SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin  R  L  Both
- Hernia - Side \_\_\_\_\_
- Soft Tissue / Lump
- Axilla  R  L  Both
- Others \_\_\_\_\_

### BREAST ULTRASOUND

- Right
- Left
- Both

### MUSCULOSKELETAL

- Shoulder  R  L  Both
- Arm  R  L  Both
- Elbow  R  L  Both
- Forearm  R  L  Both
- Wrist & Hands  R  L  Both
- Hip joint  R  L  Both
- Lumbar sacral  R  L  Both
- Cervical Region  R  L  Both
- Thoracic Region  R  L  Both
- Thigh  R  L  Both
- Knee  R  L  Both  
(including Popliteal Fossa)
- Calf  R  L  Both
- Foot/Ankle  R  L  Both
- Achilles Tendon  R  L  Both
- Plantar Fascia  R  L  Both
- Gluteal Region  R  L  Both
- Others \_\_\_\_\_

## CARDIAC SERVICES

(By Appointment)

- Echocardiography
- 48hr Holter  72hr Holter
- 14days Holter
- Ambulatory Blood Pressure Monitor (not covered by OHIP)

### INDICATIONS

- Chest pain
- Hypertension
- Shortness of breath
- Congenital heart disease
- Stroke/TIA
- Palpitations
- Other: Specify \_\_\_\_\_

## X-RAY No Appointment

Before ordering X-Rays, make sure female patients are not pregnant.

### CHEST

- P.A. & Lateral
  - Chest P.A.
  - Ribs  R  L
  - Sternum
- ### HEAD & NECK
- Skull
  - Sella Turcica
  - Facial Bones
  - Nose
  - Mandible
  - TM Joints
  - Sinuses (Not covered by OHIP)
  - Mastoids
  - Neck, Soft Tissue
  - Pre MRI Orbits

### ABDOMEN

- Plain Film (K.U.B.)
- Acute(3 views includes PA Chest)

### SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Scoliosis Series
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- Pelvis
- Pelvis & Hip
  - R  L  Both
- Other \_\_\_\_\_

### SKELTAL SURVEY

- Metastatic series
- Arthritic series
- Bone Age

### UPPER EXTREMITIES

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



### LOWER EXTREMITIES

- Hip  R  L
- Femur  R  L
- Knee  R  L
- Tibia & Fibula  R  L
- Ankle  R  L
- Calcaneus  R  L
- Foot  R  L
- Toe 1 2 3 4 5  R  L



### PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature \_\_\_\_\_

### CLINICAL INFORMATION REQUIRED:

MD: \_\_\_\_\_ Please Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing# \_\_\_\_\_ CC: \_\_\_\_\_ Please Print Name & Provide Fax No. \_\_\_\_\_

DR'S OFFICE STAMP

REQUEST FOR STAT CASE / URGENT

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

## APPOINTMENT

Date : \_\_\_\_\_ Time : \_\_\_\_\_

## ULTRASOUND PREPARATION

**PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)

- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

**UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

**UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

**TRANSRECTAL**

On the day of the test, you may eat as usual. Take any medication (pills) that you normally take. Ninety minutes before your test time, go to the washroom and empty your bladder.

Preparation for this test also involves using one (1) DULCOLAX SUPPOSITORY 2 hours before your appointment time.

A Dulcolax suppository is an over-the-counter medication that is available at most pharmacies. It is inserted rectally.

This medication should cause you to have a bowel movement, usually within 15-30 minutes. You do not need a laxative.

Now, drink 5 LARGE GLASSES (40 ounces, 1.3 litres) OF WATER over the next thirty minutes. You MUST finish the water ONE FULL HOUR BEFORE your appointment time. DO NOT GO TO THE WASHROOM until after the ultrasound.

- Please bring the results of your PSA test if you have them.

**A NOTE ABOUT PSA TESTS:** A PSA test is a blood test to determine the level of prostate specific antigens in your blood. This test must NOT be done within a week of either a digital (finger) exam by your doctor or a transrectal ultrasound.

- Please be sure to have the blood test before your ultrasound or at least a week after the exam.

## NO PREPARATION NECESSARY

**NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**



	STEELES AVE. E.	
	FINCH AVE. E.	
	SHEPPARD AVE. E.	
HWY 404	BIRCHMOUNT RD.	KENNEDY RD.
HWY 401		

Previously Called "Fast Track Imaging"

**PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance**