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Last Name: _____ First Name: _____ Sex: M F
 Tel: _____ Address: _____ Date: _____
 Health Card Number _____ Version _____ Date of Birth _____
 Appointment Date & Time _____

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ULTRASOUND Walkins and Appointments

GENERAL

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

OBSTETRICAL

- Early OBS / Dating (<16wks)
- IPS / NT / eFTS
(11wks, 2 days - 13wks, 6 days)
- Anatomical Scan (>18 wks)
- Biophysical Profile (BPP) (>30 wks)
- High Risk Pregnancy
- Twins Pregnancy

SMALL PARTS

- Thyroid
- Neck
- SubMandibular 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
(Include 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 _____

BONE DENSITY

(By Appointment)

- 1st Baseline BMD
 - Low Risk (2nd test - 36 months)
 - Low Risk (3rd test - 60 months)
 - High Risk (once every 12 months)
- Previous Exam Yes No

Date: _____ Location: _____

CARDIAC SERVICES

(By Appointment)

- Echocardiography
- 48hr Holter 72hr Holter
- 14days Holter

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
- Sinusitis (Not Cover 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
- Others _____

SKELETAL SURVEY

- Metastatic Series
- Arthritic Series
- Bone Age

UPPER EXTREMITIES

- Shoulder R L
- Clavide 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 _____

CLINIC 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** (tranvaginal 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 Gal Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK 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 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.

- 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 bowled 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 with a week of nether a digital (finger) exam by your doctor or a transrectal ultrasound.

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

BONE DENSITY

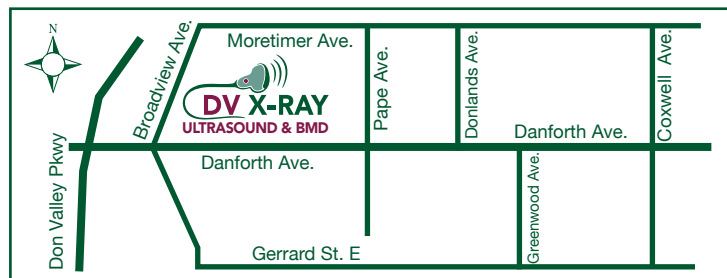
Please wear two piece outfit with
no metal or zippers.

NO PREPARATION NECESSARY

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



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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations Must be Made 24 Hours in Advance