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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 before your ultrasound or at least a week after the exam.

檢查前的準備

- 病人遲到或未作好檢查前的準備，須重新預約時間。
- PELVIS OR OBSTETRICAL ULTRASOUND:**
檢查前膀胱充滿尿水是必要的。
檢查前一個半小時，請飲6杯清水(40安士)，在檢查前一小時就要飲完，飲後不可小便。
在檢查當天可以照常飲食。
 - ABDOMINAL, GALLBLADDER OR KIDNEY ULTRASOUND:**
檢查前一天的晚餐，不可食含有油脂食物。
檢查前十二小時內，不可飲食(清水在內)，不吸香煙，不嚼嚼口香糖。
如須服藥，可用小量清水送下。
 - ABDONINAL AND PELVIS ULTRASOUND (TOGETHER):**
檢查前一天的晚餐，不可食含有油脂食物。
檢查前十二小時內，不吃東西，不吸香煙，不嚼嚼口香糖。
檢查前膀胱充滿尿水是必要的。
檢查前一個半小時，請飲6杯清水(40安士)，在檢查前一小時就要飲完，飲後不可小便。
如須服藥，可用小量清水送下。
 - TRANSRECTAL PREPARATION**
測試當天，您可以照常飲食。服用您通常服用的任何藥物(藥丸)。
在預約時間前 2 小時使用一) DULCOLAX SUPPOSITORY。
DULCOLAX SUPPOSITORY 是一種非處方藥，大多數藥局都有販售。它被插入直腸內使用。這種藥物通常在 15-30 分鐘內會讓您排便，因此您不需要服用瀉藥。
在測試前九十分鐘，去洗手間並排空膀胱。在接下來的 30 分鐘內喝 5 大杯 (40 盎司, 1.3 公升) 水。你必須把水在預約時間前一整小時喝完。在檢查結束之前，請勿去洗手間。
 - 若您有 PSA 測試結果，請帶上。

A NOTE ABOUT PSA TEST
關於 PSA 測試的注意事項：
PSA 測試是一種血液測試，用於確定血液中前列腺特異性抗原的水平。此測試不得在醫師進行檢查或經直腸超音波檢查一週後進行。
 - 請務必在超音波檢查前或檢查後至少一週進行血液檢查

BONE DENSITY

Please wear two piece outfit with no metal or zippers.

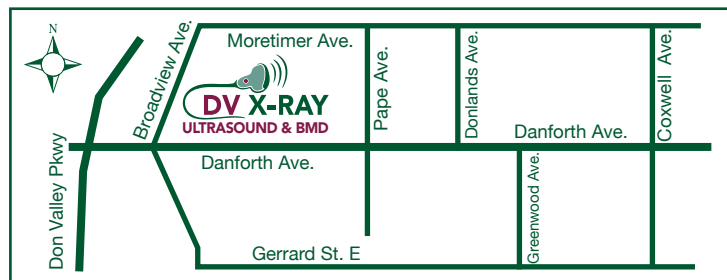
NO PREPARATION NECESSARY

不須準備

- 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