



# Tottenham Diagnostic Imaging

120 Mill Street East, Unit 3  
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## PATIENT INFORMATION

## FULLY DIGITALIZED FACILITY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex:  M  F

Tel: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Health Card Number \_\_\_\_\_ Version \_\_\_\_\_ Date of Birth \_\_\_\_\_

Appointment Date & Time \_\_\_\_\_

## 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 / eFTS (11wks 2days-13 wks, 6days)
- Anatomical Scan (>18 wks)
- Biophysical Profile (BPP) (>30wks)
- High Risk Pregnancy
- Twins Pregnancy

### 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

### CARDIAC SERVICES

- (By Appointment)
- Echocardiography
  - 48hr Holter  72hr Holter
  - 14days Holter

### 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 \_\_\_\_\_

### VASCULAR

(By Appointment)

- Carotid Doppler
- R  L  Both Upper Limb Arterial Dop
- R  L  Both Lower Limb Arterial Dop
- R  L  Both Upper Limb Venous Dop
- R  L  Both Lower Limb Venous Dop
- R  L  Both Lower Limb Venous Insufficiency
- Aorta

### 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 : \_\_\_\_\_

## 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 Im 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.

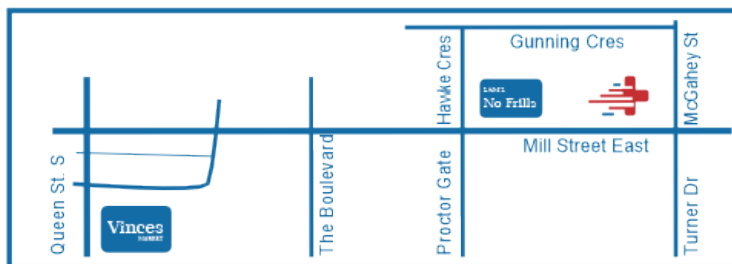
**BONE DENSITY**  
Please wear two piece outfit with no metal or zippers.

**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**