



Tottenham Diagnostic Imaging

130 Mill Street East, Unit A2 & A3
Tottenham, ON L0G 1W0

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E: info@tdionline.ca | W: www.tdionline.ca

PATIENT INFORMATION

Last Name: _____ First Name: _____ Sex: M F

Tel: _____ Address: _____ Date: _____

Health Card Number _____ Version _____ Date of Birth _____

Appointment Date & Time _____

FULLY DIGITALIZED FACILITY

BRING HEALTH CARD | FREE PARKING

ULTRASOUND By Appointment Only

GENERAL

- Abdomen
- Limited Abdomen _____
- Abdominal Wall Hernia
- Female Pelvis & Transvaginal
- Female Pelvis
- Transvaginal
- Male Pelvis (Prostate)
- Male Pelvis Including 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)
- Fetal MCA
- High Risk Pregnancy
- Twins Pregnancy

SMALL PARTS

- Thyroid / Neck
- Sub Mandibular/Parotid Glands
- Testes / Scrotum
- Groin R L Both
- Soft Tissue / Lump
- Axilla R L Both

MAMMOGRAPHY

- Right Left Both
- Screening Palp Mass
- Implants

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
- Renal Doppler Temporal Artery
- Aorta R L

BONE DENSITY

(By Appointment)

- 1st Baseline BMD (once per lifetime)
- Low - Med Risk (once every 60 months)
- High Risk (once every 36 months)
- Additional Test - Other Risk Factors
(once every 12 months)
Cushing's Syndrome or >20 mg Steroid/Day
- Previous Exam Yes No

X-RAY No Appointment

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

CHEST

- Chest PA & Lateral
- Chest PA
- Ribs R L
(includes PA Chest)
- Sternum

HEAD & NECK

- Skull
- 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 _____

SKELETAL 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.

BONE DENSITY

Please wear two piece outfit with no metal or zippers.



Canadian Association of Radiologists
L'Association canadienne des radiologistes

ontario breast
screening program
a cancer care ontario program

NO PREPARATION NECESSARY

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



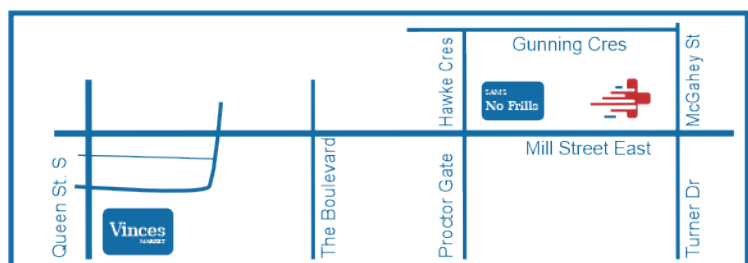
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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance