

ELLESMERE CLINIC
 2880 ELLESMERE ROAD
 TORONTO, ON M1E 4B8
 TEL: (416) 284-1697 FAX: (416) 284-1780
 GENERAL X-RAY • MSK • ULTRASOUND
 BONE MINERAL DENSITOMETRY
 VASCULAR ULTRASOUND • MAMMOGRAPHY

PICKERING CLINIC
 650 KINGSTON ROAD, UNIT 2
 PICKERING, ON L1V 3N7
 TEL: (905) 839-1806 FAX: (905) 839-4951
 GENERAL X-RAY • MSK • ULTRASOUND
 BONE MINERAL DENSITOMETRY
 VASCULAR ULTRASOUND • MAMMOGRAPHY



REQUEST
 APPOINTMENTS
 ONLINE



OR TEXT YOUR
 REQUISITION TO
 (416) 571-5179
 TO BOOK

NEILSON CLINIC
 1333 NEILSON ROAD, SUITE 315
 TORONTO, ON M1B 4Y9
 TEL: (416) 287-1222 FAX: (416) 281-2555
 GENERAL X-RAY

MILLIKEN CLINIC
 4040 FINCH AVE. E., SUITE LL4
 TORONTO, ON M1S 4V5
 TEL: (416) 292-1505 FAX: (416) 292-2992
 GENERAL X-RAY • MSK • ULTRASOUND
 VASCULAR ULTRASOUND
 BONE MINERAL DENSITOMETRY
 SONOHYSTEROGRAM • ELASTOGRAPHY

AJAX CLINIC
 601 HARWOOD AVE. S., SUITE 107
 AJAX, ON L1S 2J5
 TEL: (905) 683-8877 FAX: (905) 683-8918
 GENERAL X-RAY • MSK • ULTRASOUND
 VASCULAR ULTRASOUND
 BONE MINERAL DENSITOMETRY
 SONOHYSTEROGRAM

X-RAY – No Appointment Required

ULTRASOUND– By Appointment Only

CHEST

- Chest
- R L Ribs
- Sternum

SPINE & PELVIS

- Cervical
- Dorsal Spine
- Lumbar Spine
- Sacrum / Coccyx
- S.I. Joints
- Pelvis
- R L Hip

ABDOMEN

- Single View (K.U.B.)
- Acute (3 Views)

HEAD & NECK

- Skull
- Sinuses
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Mastoids
- Orbits/MR
- Adenoids

UPPER EXTREMITIES

- R L
- R L Clavicle
- A.C. Joints S.C. Joints
- R L Shoulder
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Hand
- R L Finger
- Bone Age



LOWER EXTREMITIES

- R L Femur
- R L Knee
- R L Tib & Fib
- R L Ankle
- R L Foot
- R L Toe No. _____
- R L Heel

X-RAY PREGNANCY RELEASE FORM

I declare, to the best of my knowledge,
 that I am **NOT** presently pregnant.

Signature of Patient _____

BREAST

- R L
-

ABDOMEN

- Limited Abdomen
- Specify: _____
- (Ltd. Pelvis, if required)

ELASTOGRAPHY

Service not covered under OHIP

PELVIS / T.V.

- Ltd. Abd, if required)

SONOHYSTEROGRAM

LMP: _____

MALE PELVIS

- Prostate
- Transrectal PSA: _____

SMALL PARTS

- Thyroid
- Neck
- Scrotum/Testicles
- Groin
- Other : _____

MUSCULOSKELETAL

- R L Bilat
- R L BILAT Shoulder
- R L BILAT Elbow
- R L BILAT Wrist
- R L BILAT Hip
- R L BILAT Knee
- R L BILAT Ankle
- R L BILAT Achilles

Other : _____

VASCULAR

- R L BILAT Venous Arm
- R L BILAT Arterial Arm
- R L BILAT Venous Leg
- R L BILAT Arterial Leg
- with aortoiliac

- Carotid
- Renal Arteries
- Abdominal Aorta

OBSTETRICAL

- Routine Ltd
- Early Dating
- Nuchal Translucency

MAMMOGRAPHY – By Appointment Only

BMD – By Appointment or Walk-in

- Right
- Left
- Bilateral
- OBSP Screening



- Baseline (Once in a lifetime)
- 2nd Test Low Risk (3 years after Baseline)
- Subsequent Low Risk (5 years after 2nd Test Low Risk)
- Subsequent High Risk (Can be requested annually)

Name: _____

DOB: _____ Phone: _____

Address: _____

Date: _____

Clinical History (Mandatory) Radiologist Consult Request (Applicable fees will apply)

Verbal/Stat CD required

Doctor Signature: _____

Appointment Details

Date: _____ Time: _____

NOTE: PLEASE BRING THIS PAPER AND YOUR HEALTH CARD WITH YOU
 Please arrive 15 minutes prior to your appointment for registration. Late arrivals may require rebooking. Missed appointments will be subject to a \$50 fee. 24-hour cancellation is required.
SEE REVERSE – FOR PATIENT INSTRUCTIONS SEE REVERSE

PREPARATIONS:

NOTE: PATIENTS WHO ARE NOT PROPERLY PREPARED MAY HAVE TO RE-BOOK THEIR APPOINTMENT.

ABDOMINAL, GALLBLADDER, KIDNEY, RENAL ARTERY OR ABDOMINAL AORTA ULTRASOUND:

A FAT FREE dinner the night before. Nothing to EAT or DRINK (NO WATER) 4 hours prior to the examination. DO NOT smoke or chew gum. MEDICATION: Can be taken with a sip of water.

PELVIS OR OBSTETRICAL ULTRASOUND:

A FULL BLADDER is very important for this examination. Please start drinking 3-4 glasses of WATER (1L) 1½ hours prior to appointment and finish drinking 1 hour before appointment. DO NOT empty bladder after drinking. You may eat normally the day of the examination.

TRANSRECTAL ULTRASOUND FOR PROSTATE:

Take Dulcolax Rectal Suppository 2 hours before the appointment. A full bladder is very important for this test. Please drink 3-4 glasses (1L) of WATER 1 hour prior to the appointment. Do not urinate before the test.

ABDOMINAL AND PELVIS ULTRASOUND (TOGETHER):

A FAT FREE dinner the night before. Nothing to EAT 4 hours prior to examination. DO NOT smoke or chew gum. A FULL BLADDER is very important for this examination. Please start drinking 3-4 glasses of WATER (1L) 1½ hours prior to appointment and finish drinking 1 hour before appointment. DO NOT empty bladder after drinking. MEDICATION: Can be taken with a sip of water.

ELASTISCAN ULTRASOUND

A FAT FREE dinner the night before. Nothing to EAT or DRINK (NO WATER) 8 hours prior to the examination. NO ALCOHOL 12 hours prior to examination. DO NOT smoke or chew gum. MEDICATION: Can be taken with a sip of water.

MAMMOGRAPHY:

Please do not use deodorant, antiperspirant or talcum before the examination. Stay on a caffeine-free diet to minimize discomfort of compression required for optimal examination. If you are experiencing premenstrual breast tenderness, you may delay appointment until tenderness has subsided. If you have had breast imaging at a different facility, please try to bring the images with you to your scheduled appointment.

BONE MINERAL DENSITOMETRY (BMD):

Do not take any vitamin pills or mineral supplements the morning of your exam.

THYROID/EXTREMITIES/BREAST/VASCULAR/MUSCULOSKELETAL ULTRASOUND/SONOHYSTEROGRAM : No preparation.