

**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

**WHITES ROAD 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 • GASTRIC STUDIES  
 BONE MINERAL DENSITOMETRY  
 SONOHYSTEROGRAM • ELASTOGRAPHY

**HARWOOD 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**

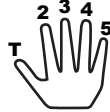
- Single View (K.U.B.)
- Acute (3 Views)

**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

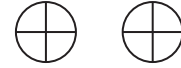
**X-RAY PREGNANCY RELEASE FORM**

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

Signature of Patient \_\_\_\_\_

**BREAST**

- R  L



R. Breast L. Breast

**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
- R  L  BILAT Other

**VASCULAR**

- R  L  BILAT Venous Arm
- R  L  BILAT Arterial Arm
- R  L  BILAT Venous Leg
- R  L  BILAT Arterial Leg
- with aortolilac
- Carotid
- Renal Arteries
- Abdominal Aorta

**OBSTETRICAL**

- Routine  Ltd
- Early Dating
- Nuchal Translucency

**MAMMOGRAPHY – By Appointment Only**

- Right
- Left
- Bilateral
- OBSP Screening



R. Breast L. Breast

**GASTRICS – By Appointment Only**

- UGI
- UGI with follow-through
- Barium Enema
- Barium Swallow

**BMD – By Appointment or Walk-in**

- Baseline (1st BMD)
- Low Risk
- High Risk (Every Year)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical History (Mandatory)

- 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.

### **BARIUM ENEMA:**

Please follow the instructions carefully to ensure a completely clean bowel and optimal test results. If you have poor kidney function or are diabetic, contact your physician prior to taking this bowel preparation. *BUY FROM THE PHARMACIST (2 days before the test) - 1 PICO-SALAX KIT*

**DAY BEFORE TEST:** Clear fluids only for all meals and snacks. No milk products.

Do not drink just water - you may feel faint.

5 PM - take 1 package of PICO-SALAX as instructed on box

7 PM - take second package of PICO-SALAX

Continue drinking to replace fluids until midnight. Take your regular medication.

**DAY OF TEST:** No breakfast . Medications can be taken with a sip of water

Small snack for after procedure if diabetic.

### **GASTRICS (UGI):**

Morning Appointment: Nothing to eat or drink after midnight. NO BREAKFAST.

Afternoon Appointment: Nothing to eat after midnight. Clear fluids until 9am. Small sip of water for medication, before 9am.

### **GASTRICS (UGI with follow-through):**

Nothing to eat or drink after midnight. NO BREAKFAST.

This examination may take 2 to 4 hours to complete.

### **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 schedule appointment.

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