

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



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 • BIOPSY
 BONE MINERAL DENSITOMETRY
 SONOHYSTEROGRAM • ELASTOGRAPHY

PICKERING CLINIC
 1690 DERSAN STREET, SUITE 130
 PICKERING, ON L1V 2P8
 TEL: (905) 839-1806 FAX: (905) 839-4951
 GENERAL X-RAY • MSK • ULTRASOUND
 BONE MINERAL DENSITOMETRY
 VASCULAR ULTRASOUND • MAMMOGRAPHY

**REQUEST
 APPOINTMENTS
 ONLINE**



VISIT EXR.CA

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

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 • BIOPSY

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 (not covered under OHIP)
 Facial Bones
 Nose
 Mandible
 T.M. Joints
 Mastoids
 Orbits/MR
 Adenoids

UPPER EXTREMITIES

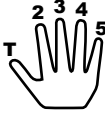
R L
 R L Clavicle
 A.C. Joints S.C. Joints
 R L Shoulder
 R L Scapula
 R L Humerus
 R L Elbow
 R L Forearm
 R L Wrist
 R L Hand
 R L Finger
 Bone Age

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 BILAT 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 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

Right
 Left
 Bilateral
 OBSP Screening

R. Breast L. Breast

BMD – By Appointment or Walk-in

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)

BIOPSY – By Appointment

Thyroid FNA

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 24 hours prior to your exam.

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