

**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**  
 1690 DERSAN STREET, SUITE 130  
 PICKERING, ON L1V 0G9  
 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

**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  
 BONE MINERAL DENSITOMETRY  
 VASCULAR ULTRASOUND • 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  
 BONE MINERAL DENSITOMETRY  
 VASCULAR ULTRASOUND

**X-RAY – No Appointment Required**

**CHEST**

- Chest
- R  L Ribs
- Sternum

**SPINE & PELVIS**

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

**ABDOMEN**

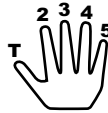
- Single View (K.U.B.)
- Acute (3 Views)

**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**

**ULTRASOUND – By Appointment Only**

**BREAST**

- R  L  BILAT

**ABDOMEN**

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

**ELASTOGRAPHY**

Service not covered under OHIP

**PELVIS / T.V.**

- Ltd. Abd, if r equired)

**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 R. Breast L. Breast
- OBSP Screening

**BMD – By Appointment or Walk-in**

- Baseline** (Once in a lifetime)  **Clinical High Risk** (Once a year, please provide history)
- Low Risk/Moderate Risk** (5 years after baseline or most recent BMD)
- Subsequent High Risk** (3 years after most recent BMD) HISTORY: \_\_\_\_\_

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

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

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

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

Clinical History (Mandatory)

- Radiologist Consult Request (Applicable fees will apply)
- Images & Report required
- Verbal/Stat

**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**

## 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: No preparation.**