

Patient's Last Name, First Name	DOB (DD/MM/YY)	Telephone
Healthcard Number with Version Code	Appointment Date	Time

Referring Physician Name

Signature:

Billing #

Phone:

**INDICATION:**

**ULTRASOUND**

By Appointment

**GENERAL**

- Abdomen
- Limited Abdomen
- Female Pelvis (transabdominal)
- Female Pelvis (transvaginal)
- Male Pelvis
- Prostate (transrectal)
- KUB (Kidneys & Bladder)

**OBSTETRICAL**

- Early OBS/Dating
- Anatomical Scan (18-20 Wks)
- 2nd/3rd Trimester

**VASCULAR**

- Carotid Doppler
- R L
- Upper Limb Arterial Doppler
- Upper Limb Venous Doppler
- Lower Limb Arterial Doppler
- Lower Limb Venous Doppler

**BONE DENSITY**

(Walk-in or By Appt)

- Baseline  Low Risk (every 3-5 years)  High Risk (every year)

**Previous Scan** Date: \_\_\_\_\_ Location: \_\_\_\_\_

**\*NEW\* CARDIAC**



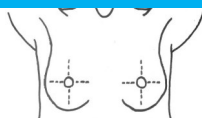
- EKG  Holter Monitor
- Ambulatory Blood Pressure  Exercise Stress Test
- (\$80+HST Non-OHIP)
- ECHO with 12 Lead EKG **Indication \*REQUIRED\***

**BREAST**

**BREAST IMAGING MAMMOGRAPHY**

**ULTRASOUND**

- Right  Left



- OBSP  Routine  
 Diagnostic

**X-RAY**

Walk-In

**CHEST**

- Chest PA & Lateral
- Ribs  R  L
- Sternum
- SC Joints
- HEAD & NECK**
- Skull
- Facial Bones
- Nasal Bones
- Mandible
- TM Joints
- Neck, Soft Tissue
- Pre-MRI Orbits

**ABDOMEN**

- KUB/Flat Plate
- Acute (3views)

**SPINE & PELVIS**

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Pelvis&Hips  L  R
- Sacro-Iliac Joints
- Scoliosis Series

# of images: \_\_\_\_\_

Tech Initials: \_\_\_\_\_

**UPPER EXTREMITIES**

- R L
- Clavicle
- A-C Joints
- Shoulder
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Wrist & Thumb
- Digits 1 2 3 4 5
- Bone Age

**LOWER EXTREMITIES**

- Hip
- Femur
- Knee
- Tibia & Fibula
- Ankle
- Calcaneous
- Foot
- Toe 1 2 3 4 5

**SKELTAL SURVEY**

- (Full length Stitched Image)
- Metastatic Skeletal Survey
  - Leg Length

**PREGNANCY RELEASE**

- Yes  No Initials: \_\_\_\_\_

**NUCLEAR MEDICINE**

**NUCLEAR CARDIAC**

- MUGA
- Wall Motion with EF
- Cardiac Stress Test
- Treadmill
- Persantine

**History/Indication \*REQUIRED\***

**BONE SCAN**

- Total Body
- Specific Site \_\_\_\_\_

**GASTROINTESTINAL**

- Hepatobiliary
- Liver/Spleen
- Hemangioma
- Meckel's Diverticulum