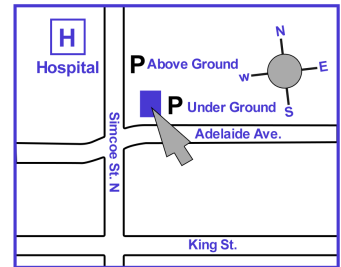




OSHAWA DIAGNOSTIC IMAGING X-RAY & ULTRASOUND

247 SIMCOE ST. N. - OSHAWA, ON L1G 4T3
SUITE 301 TEL:(905)438-0555, FAX:(905)438-0631

WALK-IN
X-RAY and Ultrasound



Under Ground Parking Available


NAME _____ REFERRED BY _____

PHONE _____ OHIP _____ Cc. _____

CLINICAL INFORMATION _____

***** PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM *****

X-RAY (WALK-IN) - SUITE 301 - ULTRASOUND (WALK-IN)

ABDOMEN	UPPER EXTREMITIES	LOWER EXTREMITIES	GENERAL	MUSCULOSKELETAL
Plain Film (KUB)	R L	R L	Abdomen	R L
Acute (3 views)	Shoulder	Hip	Abdomen / Pelvic	Shoulder/Neck Muscle
CHEST	Clavicle	Femur	Pelvic -Transabdominal	Elbow
Chest (PA/LAT)	A.C. Joints	Knee	Pelvic	Forearm Muscle
Ribs R L	Scapula	Tib & Fib	(includes transvaginal, unless	Wrist
& Chest PA	Humerus	Ankle	contraindicated)	Hands
Sternum	Elbow	Foot	Transrectal / Prostate	Carpal Tunnel
S.C. Joints	Forearm	Os. Calcis	Obstetrical < 16 wks.	Hip
Immigration (PA)	Wrist	Toes	Obstetrical > 16 wks.	Hip Joint
HEAD & NECK	Scaphoid	No. 1 2 3 4 5	Obstetrical (High - Risk)	Thigh
Skull	Hand	SPINE AND PELVIS	Nuchal Translucency	Hamstring
Sinuses	Digits	Cervical Spine	Breast & Axilla R L	Knee
Adenoids	No. 1 2 3 4 5	Dorsal Spine	Testicular	Calf
Soft Tissue of Neck		Lumbo -Sacral Spine	Thyroid	Ankle
Mastoids	SKELETAL SURVEY	Scoliosis Series	Neck	Foot
Nasal Bones	Metastatic Series	Sacrum & Coccyx	Inguinal	Achilles Tendons
Facial Bones	Arthritic Series	S.I. Joints	Other Soft Tissue	Plantar Fascia
Mandible		AP Pelvis	_____	Other Musculoskeletal
T.M. Joints			_____	
R L Orbits				

OSHAWA VASCULAR LABORATORY

SUITE 302 - TEL: (905) 438 - 0555, FAX: (905) 434 - 7963

Appointment

DATE: _____

TIME: _____

VASCULAR CONSULTATION

ARTERIAL DUPLEX

Lower Extremities (Incl. Aorta, ABI)

Upper Extremities

CAROTID DUPLEX

AV MAPPING

R L VENOUS DUPLEX: (DVT, Venous Insufficiency)

Lower Extremities (Incl. iliac veins, IVC)

Upper Extremities

IMAGING for ABDOMINAL AORTIC ANEURYSM

FISTULA

CARDIOLOGY CONSULTATION

ECHOCARDIOGRAPHY (2D & Colour Doppler)

STRESS TEST

Holter Monitoring 48 Hrs. 72 Hrs.

OTHER _____