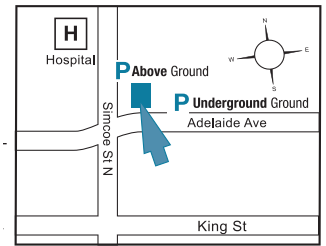




OSHAWA DIAGNOSTIC & VASCULAR IMAGING

247 SIMCOE ST. N. OSHAWA, ON L1G 4T3
SUITE 301 - TEL: (905) 438-0555 FAX: (905) 438-0631
www.oshawadiagnostic.ca • support@oshawadiagnostic.ca

WALK-IN
X-Ray & Ultrasound



Underground Parking Available

Name: _____ D.O.B _____
Phone: _____ OHIP: _____ Cc: _____
Referred by: _____ Clinical information: _____

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

X-RAY (WALK-IN)

— SUITE 301 —

ULTRASOUND (WALK-IN)

ABDOMEN

- ☐ Plain Film (KUB)
- ☐ Acute (3 views)

CHEST

- ☐ Chest (PA/LAT)
- ☐ Ribs ☐ & Chest PA
- ☐ Sternum
- ☐ S.C. Joints
- ☐ Immigration (PA)

HEAD & NECK

- ☐ Skull
- ☐ Sinuses
- ☐ Adenoids
- ☐ Soft Tissue of Neck
- ☐ Mastoids
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ ☐ Orbits

UPPER EXTREMITIES

- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ A.C. Joints
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Digits

No. 1 2 3 4 5



SKELETAL SURVEY

- ☐ Metastatic Series
- ☐ Arthritic Series

LOWER EXTREMITIES

- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tib & Fib
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Os. Calcis
- ☐ ☐ Toes

No. 1 2 3 4 5

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Dorsal Spine
- ☐ Lumbo-Sacral Spine
- ☐ Scoliosis Series
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis

GENERAL

- ☐ Abdomen
- ☐ Pelvic
- ☐ Transvaginal
- ☐ Transrectal
- ☐ Obstetrical < 16 wks
- ☐ Obstetrical > 16 wks
- ☐ Obstetrical (High-Risk)
- ☐ Nuchal Translucency
- ☐ Breast ☐ ☐
- ☐ Testicular
- ☐ Thyroid
- ☐ Neck
- ☐ Inguinal
- ☐ Other Soft Tissue

MUSCULOSKELETAL

- ☐ ☐ Shoulder
- ☐ ☐ Elbow
- ☐ ☐ Forearm Muscles
- ☐ ☐ Wrists
- ☐ ☐ Hands
- ☐ ☐ Carpal Tunnel
- ☐ ☐ Hip
- ☐ ☐ Hip Joint
- ☐ ☐ Thigh
- ☐ ☐ Hamstring
- ☐ ☐ Knee
- ☐ ☐ Calf
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Achilles Tendons
- ☐ ☐ Plantar Fascia
- ☐ ☐ Other Musculoskeletal

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

☐ RENAL ARTERY STUDY

☐ AV MAPPING

☐ TEMPORAL ARTERIES

VENOUS DUPLEX: (☐ DVT, ☐ Venous Insufficiency)

- ☐ Lower Extremities ☐ ☐
- ☐ Upper Extremities ☐ ☐
- ☐ IVC + ILIACS

☐ ABDOMINAL AORTIC ANEURYSM

☐ FISTULA ☐ ☐

☐ CARDIOLOGY CONSULTATION

☐ Holter Monitoring ☐ 48 HRS. ☐ 72 HRS.

☐ ECHOCARDIOGRAPHY (2D & Colour Doppler)

☐ OTHER _____

☐ STRESS TEST

X _____

X-RAY PREPARATIONS

GENERAL X-RAY:

- No preparation required

PREGNANCY RELEASE:

I declare to the best of my knowledge I am not presently pregnant. Signature: _____

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- No carbonated drinks 8 hours before your appointment
- Nothing to eat or drink after midnight the night before
- **DO NOT** eat breakfast

PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- **DO NOT VOID** – a full bladder is necessary for the examination
- No fasting necessary

ABDOMEN AND PELVIS ULTRASOUND TOGETHER:

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Nothing to eat after midnight the night before
- Drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea)
- **DO NOT VOID** – a full bladder is necessary for the examination

NO PREPARATION REQUIRED FOR THE FOLLOWING:

- Scrota / testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound (any type)

OBSTETRICAL ULTRASOUND:

- Obstetrical < 16wks: drink 4-5 glasses (or 2 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea).
- Obstetrical > 16wks: drink 2 glasses (or 1 small bottle) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea).

NUCHAL TRANSLUCENCY:

- Drink 3 glasses (or 1.5 small bottles) of clear fluids one hour before your appointment time (water, juice, black coffee or black tea).
- You must bring all the papers from your doctor (blood work requisition, I.P.S. screening paper, etc.) with you for your appointment.

TRANSRECTAL PROSTATE ULTRASOUND:

- Purchase a FLEET ENEMA from the pharmacy
- Self-administer the enema 2 hours before your appointment time.
- Drink 4-5 glasses of clear fluids one hour before your appointment time (water, juice, black coffee or black tea).
- **DO NOT VOID** – a full bladder is necessary for the examination

VASCULAR PREPARATIONS

RENAL ARTERY DUPLEX

- Please follow ABDOMEN ULTRASOUND instructions

VASCULAR ULTRASOUND (ALL OTHER TYPES)

- No preparation required

ECHOCARDIOGRAPHY:

- No caffeinated drinks the morning of your appointment
- Bring a **list** of all the medications you are currently taking

HOLTER MONITOR:

- Patients are advised to take a shower the morning of their appointment
- Holters must be returned to the clinic within 24 hours of removal
- If holter is not returned on specified date there will be a charge

EXERCISE STRESS-TEST:

- No caffeinated drinks the morning of your appointment
- Wear comfortable clothing and running shoes
- Bring all the medications you are currently taking
- **DO NOT** discontinue any medications without first consulting your doctor