

OSHAWA DIAGNOSTIC & VASCULAR IMAGING

WALK-IN X-Ray & Ultrasound

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

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



Underground Parking Available

X-RAY (WALK-IN) — SUITE 301 — ULTRASOUND (WALK-IN) ABDOMEN UPPER EXTREMITIES LOWER EXTREMITIES Pain Film (XUB) B Shoulder B Hip Acute (3 views) B Clavicle B Femur CHEST B A.C. Joints B Knee Chest (PA/LAT) B Scapula B Tib & Fib Ribs B & Chest PA B Humerus B Ankle Sternum B Shoulder Transvaginal B Transrectal B Wrists Sternum B Shoulder Transvaginal B Transrectal B Wrists Sternum B Sternum B Os. Calcis Immigration (PA) B Wrist B Toes Immigration (PA) B Wrist B Toes Skull B Hand SPINE & PEUVIS Skull B Hand SPINE & PEUVIS Schoulder Hand SPINE & PEUVIS Schoulder Hip Hip Hand SPINE & PEUVIS Schoulder Hip Hip Obstetrical > 16 wks B Carpel Tunnel Obstetrical > 16 wks B Hands Obstetrical > 16 wks	*** PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM ***							
Plain Film (KUB)	X-RAY (WALK-IN) — SUITE 301 — ULTRASOUND (WALK-IN)							
Acute (3 views)	ABDOMEN	UPPER EXTREMITIES	LOWER EXTREMITIES	GENERAL	MUSCULOSKELETAL			
CHEST B. A.C. Joints B. Knee Transvaginal T	\square Plain Film (KUB)	□ Shoulder	R L Hip	☐ Abdomen	☐ L Shoulder			
Chest (PA/LAT)	☐ Acute (3 views)	R L Clavicle	R L Femur	☐ Pelvic	R L Elbow			
Ribs	CHEST	R L A.C. Joints	R L Knee	☐ Transvaginal	□ Forearm Muscles			
Sternum Sternu	☐ Chest (PA/LAT)	R L Scapula	R L Tib & Fib	☐ Transrectal	R L Wrists			
S.C. Joints	☐ Ribs ☐ & Chest PA	R L Humerus	R L Ankle	☐ Obstetrical < 16 wks	□ Hands			
Immigration (PA)	Sternum	R L Elbow	R L Foot	☐ Obstetrical > 16 wks	□ Carpal Tunnel			
HEAD & NECK	☐ S.C. Joints	R L Forearm	R L Os. Calcis	☐ Obstetrical (High-Risk)	R L Hip			
Skull	\square Immigration (PA)	R L Wrist	R L Toes	☐ Nuchal Translucency	□ Hip Joint			
Sinuses B Digits Cervical Spine Thyroid B Knee Adenoids No. 1 2 3 4 5 Dorsal Spine Neck B Calf Neck Scious	HEAD & NECK	R L Scaphoid	No. 1 2 3 4 5	☐ Breast R L	□ Thigh			
Adenoids	☐ Skull	R L Hand	SPINE & PELVIS	☐ Testicular	□ Hamstring			
Soft Tissue of Neck Lumbo-Sacral Spine Inguinal R Ankile	☐ Sinuses	R L Digits	\square Cervical Spine	☐ Thyroid	R L Knee			
Mastoids	☐ Adenoids	No. 1 2 3 4 5	☐ Dorsal Spine	□ Neck	R L Calf			
Nasal Bones	☐ Soft Tissue of Neck		☐ Lumbo-Sacral Spine	☐ Inguinal	R L Ankle			
Facial Bones	☐ Mastoids	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	☐ Scoliosis Series	☐ Other Soft Tissue	R L Foot			
Mandible SKELETAL SURVEY AP Pelvis	\square Nasal Bones		☐ Sacrum & Coccyx		R L Achilles Tendons			
T.M. Joints	☐ Facial Bones) <u> </u>	☐ S.I. Joints		□ Plantar Fascia			
APPOINTMENT OSHAWA VASCULAR LABORATORY SUITE 302 - TEL: (905) 438-0555 FAX: (905) 434-7963 VENOUS DUPLEX: (DVT, Venous Insufficiency) ARTERIAL DUPLEX	\square Mandible	SKELETAL SURVEY	☐ AP Pelvis		□ Other Musculoskeletal			
APPOINTMENT DATE:	☐ T.M. Joints	☐ Metastatic Series						
OSHAWA VASCULAR LABORATORY SUITE 302 - TEL: (905) 438-0555 FAX: (905) 434-7963 VASCULAR CONSULTATION	ℝ L Orbits	☐ Arthritic Series						
□ ARTERIAL DUPLEX □ Lower Extremities (Incl. Aorta, ABI) □ Upper Extremities (Incl. Aorta, ABI) □ Upper Extremities (Incl. Aorta, ABI) □ Upper Extremities □ IVC + ILIACS □ CAROTID DUPLEX □ RENAL ARTERY STUDY □ ABDOMINAL AORTIC ANEURYSM □ AV MAPPING □ TEMPORAL ARTERIES □ FISTULA (R) □ CARDIOLOGY CONSULTATION □ Holter Monitoring (□ 48 HRS. □ 72 HRS. □ ECHOCARDIOGRAPHY (2D & Colour Doppler) □ OTHER	OSHAWA VASCULAR LABORATORY SUITE 302 - TEL: (905) 438-0555 FAX: (905) 434-7963							
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□ Upper Extremities □ IVC + ILIACS □ CAROTID DUPLEX □ RENAL ARTERY STUDY □ ABDOMINAL AORTIC ANEURYSM □ AV MAPPING □ TEMPORAL ARTERIES □ FISTULA □ □ □ CARDIOLOGY CONSULTATION □ Holter Monitoring □ 48 HRS. □ 72 HRS. □ ECHOCARDIOGRAPHY (2D & Colour Doppler) □ OTHER □ □ STRESS TEST X □								
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□ STRESS TEST X	☐ CARDIOLOGY CONSULTATION			•				
	☐ ECHOCARDIOGRAPHY (2D & Colour Doppler)							

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)

OBSTERICAL 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