



PATIENT INFO:

Name: _____
 Health Card #: _____
 DOB: _____ Sex: M F
 Tel: _____

APPOINTMENT:

DATE: _____ TIME: _____
 Please arrive 15 minutes before your appointment time.
 Bring this form and your health card with you.

X-RAY - Walk-In

ABDOMEN:

- KUB (1 View)
- Acute (includes PA Chest)

CHEST:

- Chest (PA & Lat)
- Ribs R L
(includes PA Chest)
- Sternum

HEAD & NECK:

- Skull
- Sinuses
- Orbits (Pre MRI)
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints
- Soft Tissue of Neck
- Adenoids

SPINE & PELVIS:

- Cervical Spine
- Thoracic Spine
- Lumbo-Sacral Spine
- L/S Spine, Pelvis & S.I. Joints
- Sacrum & Coccyx
- S. I. Joints
- Pelvis

SKELETAL SURVEY

- Arthritic
- Metastatic
- Bone age

UPPER EXTREMITIES:

- R L Shoulder
- R L Clavicle
- R L S.C. Joints
- R L A.C. Joints
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphoid
- R L Hand
- R L Finger 1 2 3 4 5



LOWER EXTREMITIES:

- R L Hip
- R L Femur
- R L Knee
- R L Tib / Fib
- R L Ankle
- R L Foot
- R L Calcaneus
- R L Toes 1 2 3 4 5



ULTRASOUND - Appointment Required

GENERAL

- Abdomen
(Ltd. Pelvis, if required)
- Abdomen & Pelvis Complete
- Abdomen & Pelvis KUB
- Female Pelvis
(includes transvaginal unless contraindicated)
- Male Pelvis/Prostate
 - Transrectal
(includes US of kidneys)
 - Transabdominal

OBSTETRICAL

- Dating
- Dual Scan - NT and Anatomy
- NT/IPS (11-14 wks)
- Anatomy Scan (18-20 wks)
- Biophysical Profile
- High Risk/Follow-Up
- Follicular Monitoring

SMALL PARTS

- Thyroid
- Neck
- Salivary Glands
- Breast B R L
- Scrotum/Testes
- Groin B R L
- Abdominal Wall
- Soft Tissue/Lump

CARDIAC AND VASCULAR STUDIES

- ECHOCARDIOGRAM
(M-Mode, 2D and Colour Doppler)
- Carotid Doppler
- Venous Doppler
Lower Extremities (DVT) B R L
- Venous Doppler
Upper Extremities (DVT) B R L
- Arterial Doppler
Lower Extremities (ABI)
- Arterial Doppler
Upper Extremities

MUSCULOSKELETAL

- B R L Shoulder
- B R L Elbow
- B R L Wrist
- B R L Hand
- B R L Finger
- B R L Arm
- B R L Hip
- B R L Hamstring
- B R L Knee
- B R L Calf
- B R L Ankle
- B R L Achilles Tendon
- B R L Foot
- B R L Plantar Fascia
- Other _____

X-RAY PREGNANCY RELEASE FORM

I declare, to the best of my knowledge, that I am NOT presently pregnant.

SIGNATURE OF PATIENT _____

BONE MINERAL DENSITOMETRY (BMD)

- Baseline (1st BMD in Ontario)
- Low Risk (Once every 36 months)
- High Risk (Once every 12 months)

CLINICAL INFORMATION REQUIRED:

VERBAL FAX

DOCTOR'S SIGNATURE: _____ CC: _____

PATIENT INSTRUCTIONS

1. ABDOMINAL ULTRASOUND

MORNING APPOINTMENT:

- Fat free dinner the night before (no dairy products or carbonated drinks)
- Nothing to eat or drink after midnight the night before (6-8 hours of fasting is required)

AFTERNOON APPOINTMENT:

- Fat free breakfast 6 hours before your appointment (no dairy products, no eggs, no carbonated drinks)

2. PELVIC (MALE & FEMALE) OR OBSTETRICAL ULTRASOUND

- Finish drinking 1 litre of water or juice one hour before your appointment
- DO NOT EMPTY YOUR BLADDER**
A full bladder is necessary for the examination

3. ABDOMINAL AND PELVIC ULTRASOUND COMBINED (Complete and KUB)

- Fat free dinner the night before (no dairy products or carbonated drinks)
 - No breakfast on the day of appointment
 - Finish drinking 1 litre of water or juice one hour before your appointment
- DO NOT EMPTY YOUR BLADDER**
A full bladder is necessary for the examination

4. PROSTATE – TRANSRECTAL ULTRASOUND

- Purchase FLEET ENEMA from the pharmacy and follow instructions in the package
 - Self administer enema 2 hours BEFORE the appointment time
 - Finish drinking 1 litre of water or juice one hour before the appointment
- DO NOT EMPTY YOUR BLADDER**
A full bladder is necessary for the examination

5. BONE MINERAL DENSITY

- DO NOT TAKE CALCIUM TABLETS** on the day of the exam
- Appointments should not be booked within 2 weeks of having any x-ray exams involving contrast agents or having a nuclear medicine exam
 - Please wear clothing without metal (no buttons, zippers or jewellery)

6. NO PREPARATION IS REQUIRED FOR THE FOLLOWING ULTRASOUND EXAMINATIONS:

- Musculoskeletal
- Vascular
- Small Parts



WESTNEY HEIGHTS DIAGNOSTIC CENTRE

15 Westney Rd. North
Ajax, ON L1T 1P4

North East Corner of Westney Rd
and Highway 2 in the plaza
with Shoppers Drug Mart

We are located inside the Walk-In Clinic.

TEL: 905-686-9729