DIAGNOSTIC StL IMAGING

Burlington Professional Centre
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Burlington, ON L7N 3V2
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APPOINTMENT DATE	TIME

PATIENT INFORMATION

PATIENT'S LAST NAME	PATIENT'S FIRST NAME	SEX (F / M)

HEALTH NUMBER	VERSION	DATE OF BIRTH (DD / MM / YYYY)

ADDRESS	PHONE NO.

X-RAY

- ☐ CHEST
- ☐ RIBS L R
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM / COCCYX
- ☐ SI JOINTS
- ☐ PELVIS & HIPS L R
- ☐ ABDOMEN-VIEWS 1 ☐ 3 ☐
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ ORBITS
- ☐ MANDIBLE
- ☐ CLAVICLE L R
- ☐ SCAPULA L R
- ☐ SHOULDER L R
- ☐ AC JOINTS L R
- ☐ HUMERUS L R
- ☐ ELBOW L R
- ☐ FOREARM L R
- ☐ WRIST L R
- ☐ HAND L R
- ☐ _____ FINGERS L R
- ☐ FEMUR L R
- ☐ KNEE L R
- ☐ TIB-FIB L R
- ☐ ANKLE L R
- ☐ FOOT L R
- ☐ _____ TOE L R
- ☐ OTHER _____

ULTRASOUND (For preparation see over)

- ☐ ABDOMEN
- ☐ PELVIS
- ☐ TRANSVAGINAL
- ☐ SCROTUM
- ☐ GROIN (Hernia)
- ☐ THYROID
- ☐ NECK
- ☐ SALIVARY GLAND
  Site _____
- ☐ BREAST L R

DOPPLER

- ☐ CAROTID
- ☐ PERIPHERAL VENOUS LEGS L R
- ☐ PERIPHERAL VENOUS ARMS L R
- ☐ PERIPHERAL ARTERIAL LEGS L R
- ☐ OTHER _____

MUSKULOSKELETAL

- ☐ SHOULDER L R
- ☐ KNEE L R
- ☐ WRIST L R
- ☐ ELBOW L R
- ☐ ANKLE L R
- ☐ HAND L R
- ☐ LUMP / MASS

SITE _____

OBSTETRICAL

- ☐ NUCHAL TRANSLUCENCY (eFTS)
- ☐ 1ST TRIMESTER (Dating)
- ☐ ANATOMICAL SURVEY
- ☐ 3RD TRIMESTER

* CLINICAL INFORMATION * *THIS SECTION MUST BE COMPLETED IN FULL BEFORE EXAMINATION.*

REASON FOR EXAMINATION (RELEVANT HISTORY):

REQUISITIONING MEDICAL PRACTIONER / RNEC & OHIP NO.	PHONE NO.

PHYSICIAN'S / RNEC'S SIGNATURE	DATE	DAY	MO	YEAR
X				

STL_BURLINGTON

FORM A

ULTRASOUND PREPARATION

Abdomen

- Nothing to eat or drink after midnight
- No breakfast
- Take usual medication with a small amount of water

Abdomen and Pelvis

- Nothing to eat or drink after midnight
- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- Do not void until the sonographer instructs you to do so
- Take usual medication with water

Pelvis, Obstetrical and Prostate

- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- Do not void until the sonographer instructs you to do so
- May include a Transvaginal Exam as required

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