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www.markhamradiology.com

Clinical Information & Reason For Study:

Referring Physician & Signature / OHIP Billing# / Date:

Patient Name:

Date of Birth: Health No.:

Address: Tel. No. (Home):
Tel: No. (Bus.) :

Additional Reports To:

X-RAYS (BY APPT)

HEAD & NECK

- ❑ Skull
- ❑ Facial Bone
- ❑ Orbits / Pre-MRI
- ❑ Nasal Bones
- ❑ Mandible
- ❑ TM Joints
- ❑ Soft Tissue / Neck
- ❑ Adenoids

ABDOMEN

- ❑ Single View
- ❑ Acute (2-3 Views)

SPINE

- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbo Sacral
- ❑ S.I. Joints
- ❑ Sacrum / Coccyx
- ❑ Pelvis ❑ R. or ❑ L. Hip
- ❑ Scoliosis Series

CHEST

- ❑ PA & Lateral
- ❑ Ribs R L
- ❑ Sternum
- ❑ S.C. Joints

EXTREMITIES

- ❑ A.C. Joints
- ❑ R. or ❑ L. Clavicle
- ❑ R. or ❑ L. Shoulder
- ❑ R. or ❑ L. Scapula
- ❑ R. or ❑ L. Humerus
- ❑ R. or ❑ L. Elbow
- ❑ R. or ❑ L. Forearm
- ❑ R. or ❑ L. Wrist
- ❑ R. or ❑ L. Hand
- ❑ Bone Age
- ❑ R. or ❑ L. Femur
- ❑ R. or ❑ L. Knee
- ❑ R. or ❑ L. Tib/fib.
- ❑ R. or ❑ L. Ankle
- ❑ R. or ❑ L. Foot
- ❑ R. or ❑ L. Heel

DIGITS

- ❑ R ❑ L Fingers
- ❑ R ❑ L Toes
- ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

BMD

Markham Office
(by appointment)

- ❑ Baseline (1st Exam)
- ❑ Routine (1 per 5 years)
- ❑ High Risk (1 per year)

DATE OF LAST BMD EXAM

ULTRASOUND (BY APPT)

- ❑ Abdominal
- ❑ AAA (Limited Abdomen)
- ❑ Pelvic (Male)
- ❑ Pelvic (Female) with Transvaginal (Unless contraindicated)
- ❑ Renal (Kidneys / Bladder)
- ❑ Thyroid
- ❑ Breast R L
- ❑ Scrotum
- ❑ Musculoskeletal
  - ❑ R ❑ L. Shoulder
  - ❑ R ❑ L. Elbow
  - ❑ R ❑ L. Wrist
  - ❑ R ❑ L. Knee
  - ❑ R ❑ L. Achilles
- ❑ Other

Early Obstetrical:
Full bladder required

- ❑ Dating / Viability
- ❑ IPS / FTS

2nd & 3rd Trimester OBS:
No drinking necessary

- ❑ 20 Week Anatomy Scan
- ❑ Growth
- ❑ Biophysical Profile

Vascular

- ❑ Carotid
- ❑ Arterial Legs
- ❑ Venous (DVT) R L

FREE PARKING • SAME DAY REPORTING

PREPARATION
FOR ULTRASOUND EXAMS

PLEASE READ CAREFULLY & BRING THIS PAPER WITH YOU

Please follow instructions carefully, otherwise your examination may need to be re-booked or repeated at a later date.

PREGNANCY ULTRASOUNDS

★ A **FULL BLADDER** is required for all **EARLY (<14 WEEKS)** pregnancy ultrasounds.

★ No drinking is required for 2nd or 3rd trimester ultrasounds.

RENAL AND PELVIC ULTRASOUNDS

★ A **FULL BLADDER** is required for these exams. If your bladder is not full, your waiting time may be increased or you may need to rebook.

★ Please **FINISH DRINKING 4 large glasses (32oz) of WATER ONLY, 1HOUR** prior to the exam.

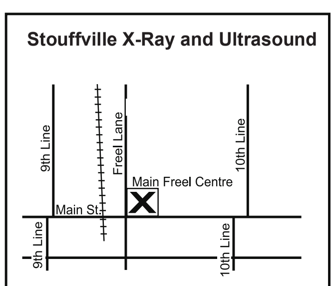
★ **DO NOT** empty your bladder after drinking.

ABDOMEN ULTRASOUND

★ An **EMPTY STOMACH** is required for this exam. **NOTHING** to eat or drink after midnight before the test.

ABDOMEN / PELVIC COMBINATION ULTRASOUND

★ An **EMPTY STOMACH AND A FULL BLADDER** is required.



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