



Beaverton X-Ray & Ultrasound

468 Main Street East
Beaverton ON L0K 1A0
T: 705-504-0880
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FULLY DIGITALIZED FACILITY

PATIENT INFORMATION

Last Name : _____ First Name : _____ Sex : M F

Tel : _____ Address : _____ Date : _____

Health Card Number	Version	Date of Birth
_____	_____	YY MM DD

REQUEST FOR STAT CASE

Verbal/Tel : _____ Fax : _____ WSIB

CLINICAL INFORMATION

Date LMP : _____

ULTRASOUND By Appointment Only

GENERAL

- Abdomen
- Limited Abdomen
- Abdomen / Male Pelvis
- Female Pelvis / Transvaginal
- Female Pelvis transabdominal
- Transvaginal
- Male Pelvis
- Prostate -Transrectal
- KUB (only Kidneys & Bladder)

OBSTETRICAL

- Early OBS / Dating (<16 wks)
- IPS / NT (11-13 wks)
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- High Risk Pregnancy
- Biophysical Profile (BPP)

SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Hernia - Side _____
- Soft Tissue / Lump
- Others _____

BREAST ULTRASOUND

- Right
- Left
- Both

MUSCULOSKELETAL

- R L Shoulder
- R L Arm
- R L Elbow
- R L Forearm
- R L Wrist & Hands
- R L Hip joint
- R L Lumbar sacral
- R L Cervical Region
- R L Thoracic Region
- R L Thigh
- R L Knee R L Popliteal Fossa
- R L Calf
- R L Foot R L Ankle
- R L Achilles Tendon
- R L Plantar Fascia
- R L Gluteal Region

VASCULAR

(By Appointment)

- Carotid Doppler
- R L B Upper Limb Arterial Dop
- R L B Lower Limb Arterial Dop
- R L B Lower Limb Venous Dop

BONE DENSITY

(By Appointment)

- 1st Baseline BMD
- Low Risk (2nd test - 36 months)
- Low Risk (3rd test - 60 months)
- High Risk (once every 12 months)
- Previous Scan Yes No
- Date : _____ Location : _____

CARDIAC SERVICES

(By Appointment)

- Echocardiography 48 hr. Holter Monitoring

X-RAY

Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- Chest P.A. & Lateral
- Chest P.A.
- Ribs R L
- Sternum

HEAD & NECK

- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses
- Mastoids
- Neck, Soft Tissue
- Pre MRI Orbits

Other _____

ABDOMEN

- Single View
- Two or More Views

SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-Iliac Joints

Referring Physician : _____

UPPER EXTREMITIES

- Clavicle R L
- A-C Joints R L
- S-C Joints R L
- Shoulder R L
- Scapula R L
- Humerus R L
- Elbow R L
- Forearm R L
- Wrist R L
- Scaphoid R L
- Hand R L
- Wrist & Hand R L
- Finger & Thumb R L



LOWER EXTREMITIES

- Hip R L
- Femur R L
- Knee R L
- Tibia & Fibula R L
- Ankle R L
- Calcaneus R L
- Foot R L
- Toe R L



PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature _____

CC: _____

Map & Preparation on reverse

APPOINTMENT

Date : _____ Time : _____

ULTRASOUND PREPARATION

PREGNANCY OR PELVIS

- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

UPPER ABDOMEN

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

UPPER ABDOMEN & PELVIS

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

HOURS OF OPERATION

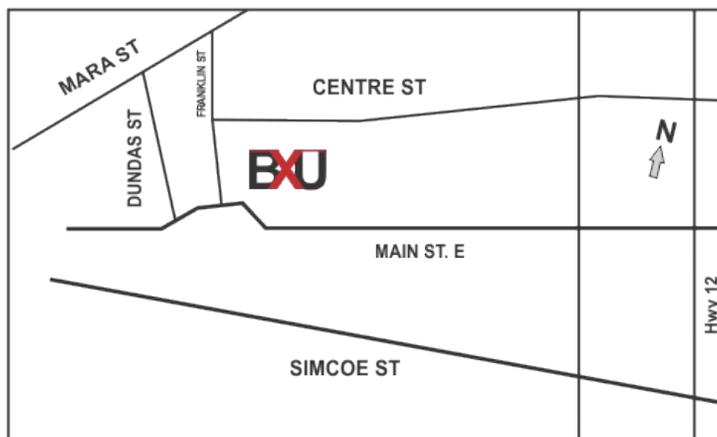
Please call clinic for full hours of operations
Tel: 705-504-0180

NO PREPARATION NECESSARY

NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.



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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance