

X-RAY ASSOCIATES


www.xrayassociates.org



PATIENT'S LAST NAME		FIRST NAME		CLINICAL INFORMATION REQUIRED -	
ADDRESS					
HEALTH CARD NUMBER		VERSION CODE	DATE OF BIRTH	SEX	
TELEPHONE		DATE OF INJURY		W.S.I.B.?	
APPOINTMENT DATE		DATE		TIME	
PRINT PHYSICIAN'S NAME		PHYSICIAN'S SIGNATURE		COPY TO	

X-RAY - AURORA, NEWMARKET, HARDING, VAUGHAN

<p>CHEST</p> <input type="checkbox"/> CHEST PA <input type="checkbox"/> CHEST PA & LAT <input type="checkbox"/> STERNUM <input type="checkbox"/> STER.-CLAV.JTS <input checked="" type="checkbox"/> <input type="checkbox"/> RIBS & CHEST PA <p>ABDOMEN</p> <input type="checkbox"/> KUB (1 View) <input type="checkbox"/> ACUTE (2 Views) <p>SPINE & PELVIS</p> <input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> THORACIC SPINE <input type="checkbox"/> LUMBO-SACRAL (LS) <input type="checkbox"/> THOR-LUMB (T9-L3) <input type="checkbox"/> SCOLIOSIS <input type="checkbox"/> SACRUM & COCCYX <input type="checkbox"/> S.I. JOINTS <input type="checkbox"/> PELVIS <p>SKELETAL SURVEY</p> <input type="checkbox"/> ARTHRITIC <input type="checkbox"/> METASTATIC <input type="checkbox"/> BONE AGE	<p>LOWER EXTREMITIES</p> <input checked="" type="checkbox"/> <input type="checkbox"/> HIP <input checked="" type="checkbox"/> <input type="checkbox"/> FEMUR <input checked="" type="checkbox"/> <input type="checkbox"/> KNEE <input checked="" type="checkbox"/> <input type="checkbox"/> TIBIA & FIBULA <input checked="" type="checkbox"/> <input type="checkbox"/> ANKLE <input checked="" type="checkbox"/> <input type="checkbox"/> FOOT <input checked="" type="checkbox"/> <input type="checkbox"/> CALCANEUS <input checked="" type="checkbox"/> <input type="checkbox"/> TOES NO. 1 2 3 4 5 <p>UPPER EXTREMITIES</p> <input checked="" type="checkbox"/> <input type="checkbox"/> SHOULDER <input checked="" type="checkbox"/> <input type="checkbox"/> CLAVICLE <input checked="" type="checkbox"/> <input type="checkbox"/> A.C. JOINTS <input checked="" type="checkbox"/> <input type="checkbox"/> SCAPULA <input checked="" type="checkbox"/> <input type="checkbox"/> HUMERUS <input checked="" type="checkbox"/> <input type="checkbox"/> ELBOW <input checked="" type="checkbox"/> <input type="checkbox"/> FOREARM <input checked="" type="checkbox"/> <input type="checkbox"/> HAND & WRIST <input checked="" type="checkbox"/> <input type="checkbox"/> WRIST <input checked="" type="checkbox"/> <input type="checkbox"/> HAND <input checked="" type="checkbox"/> <input type="checkbox"/> DIGITS (Specify)	<p>HEAD & NECK</p> <input type="checkbox"/> SKULL <input type="checkbox"/> SINUSES <input type="checkbox"/> MASTOIDS <input type="checkbox"/> ORBITS <input type="checkbox"/> FACIAL BONES <input type="checkbox"/> NASAL BONES <input type="checkbox"/> MANDIBLE <input type="checkbox"/> T.M. JOINTS <input type="checkbox"/> ADENOIDS <input type="checkbox"/> SOFT TISSUE NECK <p>G.I. TRACT (by Appointment in Newmarket Office Only)</p> <input type="checkbox"/> BARIUM SWALLOW (Esophagus/Pharynx for Dysphagia) <input type="checkbox"/> UPPER G.I. SERIES (ESD) <input type="checkbox"/> UPPER G.I. & SMALL BOWEL (Allow 2-4 hours for test) <input type="checkbox"/> BARIUM ENEMA (Double Contrast)
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PHYSICIAN'S STAMP

NUCLEAR MEDICINE - AURORA, VAUGHAN

CARDIOLOGY - AURORA, VAUGHAN

 EXERCISE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
 PERSANTINE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
 RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)*
 THALLIUM, REST AND REDISTRUBTION (RE: VIABILITY)
** Includes Ejection Fraction And Determination*

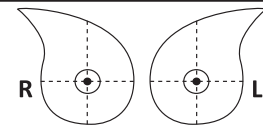
GENERAL - AURORA

 BONE SCAN - WHOLE BODY
 BONE SCAN - SINGLE SITE _____
 BILIARY SCAN (HIDA)
 LIVER - RBC SPECT (RE: HEMANGIOMA)
 OTHER _____

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN

<p>OBSTETRICAL</p> <input type="checkbox"/> NUCHAL TRANSLUCENCY (12-13 Weeks) <input type="checkbox"/> < 16 WEEKS <input type="checkbox"/> > 18 WEEKS <input type="checkbox"/> BIOPHYSICAL PROFILE <input type="checkbox"/> COMPLICATIONS <input type="checkbox"/> TWINS <p><input type="checkbox"/> ABDOMEN (COMPLETE) <input type="checkbox"/> SOFT TISSUE HERNIA _____</p>	<p>PELVIC</p> <input type="checkbox"/> FEMALE PELVIC <input type="checkbox"/> FEMALE PELVIC and TRANSVAGINAL <input type="checkbox"/> MALE PELVIC (Pre and Post Void) <p>OTHER</p> <input type="checkbox"/> TESTICULAR <input type="checkbox"/> THYROID <input type="checkbox"/> SUPERFICIAL SOFT TISSUE _____ <input type="checkbox"/> MSK SHOULDERS <input type="checkbox"/> CAROTIDS <input checked="" type="checkbox"/> <input type="checkbox"/> VENOUS LOWER EXTREMITIES
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WOMEN'S HEALTH - AURORA



MAMMOGRAPHY BREAST ULTRASOUND

 ROUTINE
 IMPLANTS
 OTHER _____

(Indicate Quadrant)

BONE MINERAL DENSITY (BMD)

AURORA, VAUGHAN

 BASELINE
 LOW RISK
 HIGH RISK
 Indication _____

See Website for Link to High Risk Factors and Ministry of Health Billing information

IMPORTANT NOTES

1. Missed appointments, not cancelled with at least 24 hour prior notice, may result in a \$50.00 patient charge.
2. You must bring your Requisition and Health Card to have this exam completed.
3. You must be on time for your appointment or your exam may be rebooked.
4. Nuclear medicine cardiology patients should bring all their prescription medications for their appointment.
5. Please bring results of other recent tests, or actual pictures (x-rays or ultrasounds), if available.
6. Women who may be pregnant should not be x-rayed or have a nuclear medicine procedure during the last 2 weeks of their menstrual cycle.

PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN

ABDOMEN:

Nothing to eat or drink 8 hours prior to your appointment (except to swallow necessary medications).

ABDOMEN LIMITED FOR HERNIA:

No preparation required.

ABDOMEN & PELVIS:

Nothing to eat for 8 hours prior to your appointment. Complete drinking 40 ounces/1.25 litres of water **1 hour prior** to your appointment. Do not void.

PELVIS / OBSTETRICAL:

A full bladder is necessary. Complete drinking 40 ounces/1.25 litres of clear fluid 1 hour prior to your appointment. Do not void. A full meal is recommended **1 hour prior** to appointment.

MALE PELVIS:

Patient to arrive with a full bladder. (Follow instructions for a pelvis exam). Small parts (thyroid/testis): No preparation required.

WOMEN'S HEALTH PROCEDURES

MAMMOGRAPHY (AURORA):

Do not use powder/deodorant on day of exam. If you have had a mammogram before at another facility, please bring the previous films with you.

BONE MINERAL DENSITOMETRY (AURORA & VAUGHAN):

Wear loose comfortable clothing free of belts, clips or any metal.

* Ministry of health restricts routine exams to one exam per 36 month period, unless deemed high risk.

G.I. PROCEDURES - NEWMARKET

BARIUM SWALLOW, UPPER G.I. SERIES.

UPPER G.I. AND SMALL BOWEL (This examination may take 2 hours)

Nothing to eat or drink for 6 hours before your examination (except to swallow necessary medications).

BARIUM ENEMA:

You need:

- 1 bottle of Magnesium Citrate (Citromag, 10 oz. or 284 ml.)
- 4 Dulcolax tablets
- Clear fluids – these are: at least 1 cup/glass (8 oz. or 227 ml.) of: Apple Juice, Consomme, Bouillon, Clear Broth, Jello, Water, Tea and Coffee (no cream), Soda pop, Kool-aid

DAY 1

- 2 Dulcolax tablets at bedtime

DAY 2

- Light breakfast only, before noon (no eggs or dairy foods)
- No solid food after 12 noon
- Drink plenty of clear fluids – at least 8 oz. or 227 ml. (1 full glass) every 2 hours
- 7 p.m. 1 bottle of cold Citromag
- Keep drinking clear fluids until bowel movements have stopped
- If bowel movements have not started by 10 p.m., take 2 Dulcolax tablets

DAY 3

- Morning of your examination – 7 a.m. clear fluids – nothing after this

NUCLEAR MEDICINE PROCEDURES - AURORA, VAUGHAN

MYOCARDIAL PERFUSION IMAGING PROCEDURES:

This test may be completed in one or two days.

- Please bring medications and puffers.
- No caffeine (tea, coffee, cola, chocolate) for 24 hours prior to your test (no decaffeinated tea/coffee).
- Light breakfast the day of the test.
- If you are booked to exercise on a treadmill – wear a T-shirt, shorts or sweatpants and running shoes.
- No smoking prior to testing.

DIABETICS:

- A.** If on insulin: light breakfast the morning of the test and take half the usual morning insulin dose.
- B.** If on oral medication: light breakfast and don't take diabetes medication before the test. After the test, you may eat and take your medication.

Certain medications should be stopped, if possible before the test, only if permitted by your doctor, as follows:

Stop for 24 hours before the test

- Metoprolol (Lopressor)
- Diltiazem (Cardizem; Tiazac)
- Sildenafil (Viagra)
- Acebutolol (Monitan; Sectral)
- Carvedilol (Coreg)
- Vardenafil (Levitra)

Stop for 48 hours before the test

- Atenolol (Tenormin)
- Nadolol (Corgard)
- Bisoprolol (Monocor)
- Tadalafil (Cialis) *4 days

Stop for 7 Days before the test

- Theophylline (Aminophylline)
- for Persantine procedure

GENERAL NUCLEAR MEDICINE PROCEDURES:

Biliary scan - Nothing to eat or drink 4 hours prior to the scan.

Newmarket

X-Ray - Walk in Clinic, Gastrics and Ultrasound - By appointment only.

679 Davis Drive, Suite 104,
Newmarket, ON L3Y 5G8 (at Patterson)

Tel: 905.895.1313 • Fax: 905.895.6231

8:00 am - 7:00 pm Mon-Thurs
8:00 am - 4:00 pm Fri
8:00 am - 12:00 pm Sat

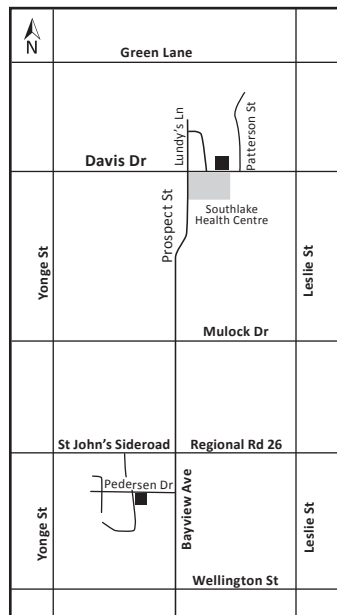
Aurora

X-Ray - Walk in Clinic, Ultrasound, Mammography, Nuclear Medicine, Bone Density - By appointment only.

125 Pedersen Drive, Units 3, 4, & 5
Aurora, ON L4G 0E3 (off Bayview)

Tel: 905.751.1500 • Fax: 905.751.1505

8:00 am - 5:30 pm Mon
8:00 am - 7:00 pm Tues
8:00 am - 4:00 pm Wed - Fri



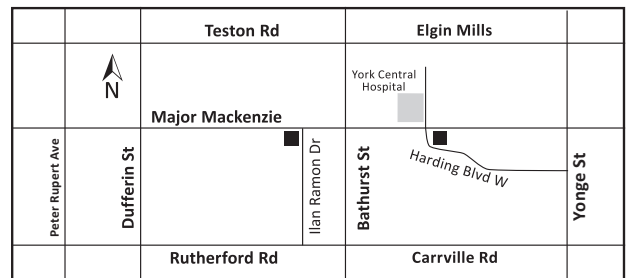
Vaughan

X-Ray - Walk in Clinic, Ultrasound, Nuclear Medicine, Bone Density - By appointment only.

Upper Thornhill Medical Centre
955 Major Mackenzie Dr. W., Suite 102
Vaughan, ON L6A 4P9

Tel: 289.553.6336 Fax: 289.553.6339

8:00 am - 7:00 pm Mon - Thurs
8:00 am - 4:00 pm Fri
8:00 am - 1:00 pm Sat



Richmond Hill

X-Ray - Walk in Clinic

250 Harding Blvd. W., Suite B02
Richmond Hill, ON L4C 9M7
(York Med at Major Mackenzie)

Tel: 905.737.0594
Fax: 905.737.7538

8:00 am - 6:00 pm Mon-Thurs
8:00 am - 4:00 pm Fri
8:00 am - 12:00 pm Sat