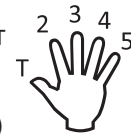


PATIENT'S LAST NAME		FIRST NAME		CLINICAL INFORMATION REQUIRED -	
ADDRESS					
HEALTH CARD NUMBER		VERSION CODE	DATE OF BIRTH		
TELEPHONE		DATE OF INJURY		W.S.I.B.?	
PRINT PHYSICIAN'S NAME		PHYSICIAN'S SIGNATURE		APPOINTMENT DATE	TIME
				DATE	COPY TO

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>LOWER EXTREMITIES</p> <input type="checkbox"/> <input type="checkbox"/> HIP <input type="checkbox"/> <input type="checkbox"/> FEMUR <input type="checkbox"/> <input type="checkbox"/> KNEE <input type="checkbox"/> <input type="checkbox"/> TIBIA & FIBULA <input type="checkbox"/> <input type="checkbox"/> ANKLE <input type="checkbox"/> <input type="checkbox"/> FOOT <input type="checkbox"/> <input type="checkbox"/> CALCANEUS <input type="checkbox"/> <input type="checkbox"/> TOES NO. 1 2 3 4 5 <p>UPPER EXTREMITIES</p> <input type="checkbox"/> <input type="checkbox"/> SHOULDER <input type="checkbox"/> <input type="checkbox"/> CLAVICLE <input type="checkbox"/> <input type="checkbox"/> A.C. JOINTS <input type="checkbox"/> <input type="checkbox"/> SCAPULA <input type="checkbox"/> <input type="checkbox"/> HUMERUS <input type="checkbox"/> <input type="checkbox"/> ELBOW <input type="checkbox"/> <input type="checkbox"/> FOREARM <input type="checkbox"/> <input type="checkbox"/> HAND & WRIST <input type="checkbox"/> <input type="checkbox"/> WRIST <input type="checkbox"/> <input type="checkbox"/> HAND <input 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>SKELETAL SURVEY</p> <input type="checkbox"/> ARTHRITIC <input type="checkbox"/> METASTATIC <input type="checkbox"/> BONE AGE
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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*

GENERAL - AURORA

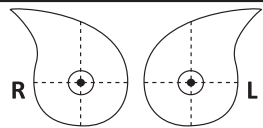
 BONE SCAN - WHOLE BODY
 BONE SCAN - SINGLE SITE _____
 BILIARY SCAN (HIDA)
 LIVER - RBC SPECT (RE: HEMANGIOMA)
 OTHER _____

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"/> TWINS <p>ABDOMEN/PELVIC</p> <input type="checkbox"/> ABDOMEN <input type="checkbox"/> FEMALE PELVIC and TRANSVAGINAL (unless contraindicated) <input type="checkbox"/> MALE PELVIC (Pre and Post Void)	<p>OTHER</p> <input type="checkbox"/> THYROID <input type="checkbox"/> TESTICULAR <input type="checkbox"/> MSK SHOULDERS <input type="checkbox"/> SOFT TISSUE HERNIA _____ <input type="checkbox"/> SOFT TISSUE PALPABLE LUMP _____ <p>VASCULAR</p> <input type="checkbox"/> CAROTIDS <input checked="" type="checkbox"/> <input type="checkbox"/> VENOUS LOWER EXTREMITIES <input checked="" type="checkbox"/> <input type="checkbox"/> ARTERIAL LOWER EXTREMITIES
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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.

<h3 style="text-align: center;">WOMEN'S HEALTH - AURORA</h3>  <p>MAMMOGRAPHY BREAST ULTRASOUND</p> <input type="checkbox"/> ROUTINE (Indicate Quadrant) <input type="checkbox"/> IMPLANTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<h3 style="text-align: center;">BONE MINERAL DENSITY (BMD)</h3> <p style="text-align: center;">AURORA, VAUGHAN</p> <input type="checkbox"/> BASELINE - (one per lifetime) <input type="checkbox"/> LOW RISK - (3 yrs after Baseline, Subsequent after 5 yrs) <input type="checkbox"/> HIGH RISK - (after 1 year) Indication _____ See Website for Link to High Risk Factors and Ministry of Health Billing information
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X-RAY ASSOCIATES

www.xrayassociates.org

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 and you must complete drinking 40 ounces/1 Litre of water **1 hour prior** to your appointment. Do not void.

PELVIS / OBSTETRICAL:

A full bladder is necessary. Complete drinking 40 ounces/1 Litre of clear fluid **1 hour prior** to your appointment. Do not void. A full meal is recommended **1 hour prior** to your 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 Baseline per lifetime
- Second test Low Risk after 36 months
- Subsequent Low Risk after 5 years
- High Risk after 12 months unless preauthorized by the Ministry.

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)
- Acebutolol (Monitan; Sectral)
- Carvedilol (Coreg)
- Verapamil (Isoptin)

Stop for 7 Days before the test

- Theophylline (Aminophylline) - for Persantine procedure
- Tadalafil (Cialis)
- Sildenafil (Viagra)
- Vardenafil (Levitra)

Stop for 48 hours before the test

- Atenolol (Tenormin)
- Nadolol (Corgard)
- Bisoprolol (Monacor)

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

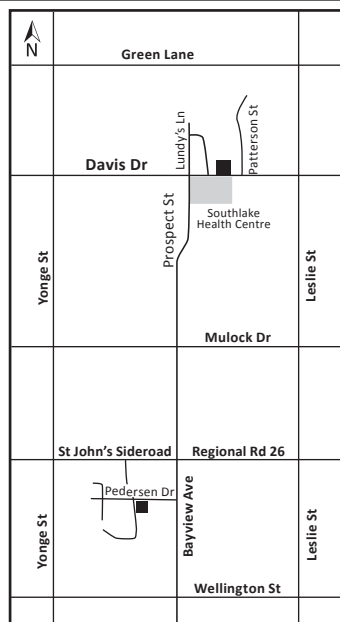
Aurora

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

