



X-RAY ASSOCIATES

Check website for X-Ray Hours due to province wide shortage of technologists

www.xrayassociates.org



Scan the QR code to visit our website xrayassociates.org



APPOINTMENT DATE _____

TIME _____

PATIENT INFORMATION

LAST NAME		FIRST NAME	
ADDRESS		POSTAL CODE	
TELEPHONE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
HEALTH CARD NUMBER		VERSION CODE	

You must bring a completed Requisition Form and valid Health Card. Please arrive 10 minutes early to register

REFERRING PHYSICIAN

SIGNATURE	DATE
COPY TO	
<input type="checkbox"/> VERBAL CONTACT NUMBER	

PHYSICIAN ADDRESS

CLINICAL INFORMATION - MANDATORY, AS PER CPSO

X-RAY - AURORA, NEWMARKET, VAUGHAN NO APPOINTMENT NEEDED. CHECK WEBSITE FOR X-RAY HOURS!

CHEST <input type="checkbox"/> CHEST PA <input type="checkbox"/> CHEST PA & LAT <input type="checkbox"/> STERNUM <input checked="" type="checkbox"/> <input type="checkbox"/> RIBS & CHEST PA ABDOMEN <input type="checkbox"/> KUB (1 View) <input type="checkbox"/> ACUTE (2 Views) SPINE & PELVIS/HIPS <input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> THORACIC SPINE <input type="checkbox"/> LUMBAR SPINE (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 <input checked="" type="checkbox"/> <input type="checkbox"/> HIP	LOWER EXTREMITIES <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 UPPER EXTREMITIES <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"/> S.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"/> SCAPHOID <input checked="" type="checkbox"/> <input type="checkbox"/> HAND <input checked="" type="checkbox"/> <input type="checkbox"/> DIGITS (Specify)	HEAD & NECK <input type="checkbox"/> SKULL <input type="checkbox"/> ORBITS <input type="checkbox"/> ORBITS (PRE MRI) <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 SKELETAL SURVEY <input type="checkbox"/> ARTHRITIC <input type="checkbox"/> METASTATIC <input type="checkbox"/> BONE AGE NON OHIP - Self Pay <input type="checkbox"/> SINUSES <input type="checkbox"/> FACE DENTAL ASSESSMENT
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CARDIAC DIAGNOSTICS - AURORA, VAUGHAN

<input type="checkbox"/> ECHOCARDIOGRAM <input type="checkbox"/> EXERCISE STRESS TEST <input type="checkbox"/> ECG <input type="checkbox"/> HOLTER MONITORING (24/48/72/1 wk/2 wk) <input type="checkbox"/> AMBULATORY 24 HR BP MONITOR (non OHIP)	NEW!
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NUCLEAR MEDICINE - AURORA, VAUGHAN

CARDIOLOGY - AURORA, VAUGHAN <input type="checkbox"/> EXERCISE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.) <input type="checkbox"/> PERSANTINE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.) <input type="checkbox"/> RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)* <input type="checkbox"/> THALLIUM, REST AND REDISTRIBUTION (RE: VIABILITY) * Includes Ejection Fraction

GENERAL - AURORA

<input type="checkbox"/> BONE SCAN - WHOLE BODY <input type="checkbox"/> BONE SCAN - SINGLE SITE _____ <input type="checkbox"/> BILIARY SCAN (HIDA) <input type="checkbox"/> LIVER - RBC SPECT (RE: HEMANGIOMA) <input type="checkbox"/> BRAIN SPECT <input type="checkbox"/> OTHER _____
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BONE MINERAL DENSITY AURORA, VAUGHAN

<input type="checkbox"/> BASELINE - (one per lifetime) <input type="checkbox"/> 2nd test LOW RISK - (after 36 months) <input type="checkbox"/> Subsequent LOW RISK - (after 5 years) <input type="checkbox"/> HIGH RISK - (after 1 year) See Website for Link to High Risk Factors and Ministry of Health Billing information <input type="checkbox"/> Dexa Whole Body Composition (non OHIP) NEW!

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN (APPOINTMENT REQUIRED)

OBSTETRICAL <input type="checkbox"/> NUCHAL TRANSLUCENCY IPS (12-13 Weeks) <input type="checkbox"/> < 16 WEEKS <input type="checkbox"/> > 18 WEEKS <input type="checkbox"/> BIOPHYSICAL PROFILE <input type="checkbox"/> TWINS GENERAL <input type="checkbox"/> ABDOMEN (No Bladder or Lower Quadrants) <input type="checkbox"/> LIMITED PELVIS (Ltd. Bladder & Lower Quadrants, NO Repro Organs) <input type="checkbox"/> PELVIS (MALE) (Includes Prostate) <input type="checkbox"/> FEMALE PELVIC (Includes Repro Organs) <input type="checkbox"/> TRANSVAGINAL <input type="checkbox"/> LIMITED RENAL AND BLADDER (KUB) <input type="checkbox"/> SOFT TISSUE HERNIA	OTHER <input type="checkbox"/> THYROID <input type="checkbox"/> NECK <input type="checkbox"/> TESTICULAR <input type="checkbox"/> SOFT TISSUE PALPABLE LUMP _____	MSK <input checked="" type="checkbox"/> <input type="checkbox"/> SHOULDER <input checked="" type="checkbox"/> <input type="checkbox"/> ACHILLES TENDON <input checked="" type="checkbox"/> <input type="checkbox"/> PLANTAR FASCIITIS <input checked="" type="checkbox"/> <input type="checkbox"/> BAKER'S CYST <input checked="" type="checkbox"/> <input type="checkbox"/> GREAT TROCHANTER (for Bursitis)
VASCULAR <input type="checkbox"/> CAROTIDS <input checked="" type="checkbox"/> <input type="checkbox"/> VENOUS LOWER EXTREMITIES <input checked="" type="checkbox"/> <input type="checkbox"/> ARTERIAL LOWER EXTREMITIES <input checked="" type="checkbox"/> <input type="checkbox"/> VENOUS UPPER EXTREMITIES <input checked="" type="checkbox"/> <input type="checkbox"/> ARTERIAL UPPER EXTREMITIES <input type="checkbox"/> AORTA (AAA SCREENING)	CARDIAC <input type="checkbox"/> ECHOCARDIOGRAM	



X-RAY ASSOCIATES



NO SCENTS...IS GOOD SENSE!

PATIENT PREPARATION INSTRUCTIONS ARE IMPORTANT.
YOUR EXAM MAY BE CANCELLED IF YOU HAVE NOT FOLLOWED YOUR PREPARATION.



If you are pregnant or think you might be, please talk to your doctor before having an x-ray. Women who think they may be pregnant should not have an x-ray, NM, BMD/Body Comp during the last two weeks of their menstrual cycle.

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN

ABDOMEN / AAA:

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

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 BEFORE** your appointment. Do not void.

PELVIS / OBSTETRICAL / KUB:

A full bladder is necessary. **FINISH** drinking 40 ounces/1 Litre of clear fluid **1 hour BEFORE** your appointment. Do not void. Child Pelvis 2-8 yrs. 2 cups of water.

MALE PELVIS & KUB:

Patient to arrive with a full bladder. (Follow instructions for a pelvis exam).

NO PREPARATION REQUIRED:

Abdomen Limited for Hernia, Thyroid, Testis, Soft Tissue Lump, MSK, Neck, Vascular

BMD & DEXA BODY COMP - AURORA, VAUGHAN

It is preferable to wear clothing without zippers or fasteners (e.g. jogging suit or leggings). On the day of the examination do not take calcium supplements or iron tablets until after the examination.

NUCLEAR MED. PROCEDURES - AURORA, VAUGHAN

MYOCARDIAL PERFUSION IMAGING PROCEDURES:

This test may be completed in one or two days.

- DO NOT breast feed for 48 hours post study
- Please bring medications and puffers.
- **No caffeine (chocolate, soda pop, tea, coffee, including decaffeinated) for 24 hours prior to your test!**
- Nothing to eat 4 hours before your test. (BILIARY SCAN PREP also!)
- If you are booked to exercise on a treadmill – wear a T-shirt, shorts or sweatpants and running shoes.
- If you are 300lbs or more please let the booking staff know. The test must be done in two days rather than one.

DIABETICS:

- If on insulin: light breakfast the morning of the test and take half the usual morning insulin dose.
- 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)
- Pain medication containing caffeine (i.e. Tylenol #2, #3)

Stop for 48 hours before the test

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

Stop for 7 Days before the test

- Theophylline (Aminophylline)
- Aggrenox (Dipyridamole/ASA) - for Persantine procedure
- Cialis, Viagra, Levitra

BRAIN SPECT: No caffeine, cannabis and alcohol. NO smoking on test day. Remain on all medications unless specified by a doctor.

CARDIOLOGY PROCEDURES - AURORA

- **Echocardiogram:** Allow 1 hour. No Prep necessary
- **Exercise Stress Test:** Allow ½ hour. Wear comfortable clothing and running shoes and have only a light meal. Check with your doctor to see if you need to stop taking some of your medication before the test. Do not work out the same day of the test.
- **ECG:** 15 minutes. No Prep necessary
- **Holter Monitor/ BP Monitor:** allow 20 minutes. The recording device is returned immediately after the completion of the monitoring. DO NOT get it wet! (i.e. no showering with the device on.)
Holter: the device is worn continuously to detect any abnormal heart rhythm.
BP: the device takes your blood pressure every 20 – 60 minutes. **This is Non OHIP and a fee must be paid at the time of the exam.**

**** CHECK WEBSITE FOR X-RAY HOURS; DUE TO PROVINCE WIDE SHORTAGE OF TECHNOLOGISTS, HOURS OF OPERATION MAY CHANGE. ****

<p>Newmarket</p> <p><i>Ultrasound - By appointment only, X-Ray - Walk in - Check website for X-Ray Hours due to province wide shortage of technologists</i></p> <p>679 Davis Drive, Suite 104, Newmarket, ON L3Y 5G8 (at Patterson)</p> <p>Tel: 905.895.1313 • Fax: 905.895.6231</p> <p>Mon - Fri 8:00 am - 4:00 pm Sat CLOSED</p>	

<p>Vaughan</p> <p><i>Ultrasound, Nuclear Medicine, BMD/Body Comp - By appointment only, X-Ray - Walk in - Check website for X-Ray Hours due to province wide shortage of technologists</i></p> <p>Upper Thornhill Medical Centre 955 Major Mackenzie Dr. W., Suite 102 Vaughan, ON L6A 4P9</p> <p>Tel: 289.553.6336 • Fax: 289.553.6339</p> <p>Mon - Tues 8:00 am - 7:00 pm Wed - Fri 8:00 am - 4:00 pm Sat 8:00 am - 1:00 pm</p>			