

2830 Keele Street, Suite 201 (near elevator)
Downsview Ontario M3M 3E5 Tel: **416-633-6619** Fax: **416-633-8955**
Email: downsviewbookings@gmail.com Website: downsviewxrayultrasound.com

PATIENT'S LAST NAME	FIRST NAME	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	TOWN/CITY	POSTAL CODE	
HEALTH INSURANCE NUMBER	TELEPHONE	APPOINTMENT TIME	

X-RAY

ABDOMEN

- Single
 Acute

HEAD & NECK

- Soft Tissues of Neck
 Skull
 Sella Turcica
 Sinuses
 Facial Bones
 Orbits
 Nose
 Mandible
 T.M. Joints
 Mastoids
 Adenoids

SPINE & PELVIS

- Cervical Spine
 Dorsal Spine
 Lumbar (L/S) Spine
 Sacrum/Coccyx
 S.I. Joints
 Pelvis
 Pelvis & Hips
 Pelvis & SI Joints
 Scoliosis

CHEST

- Chest PA & LAT
 Chest PA - Immigration
 Ribs [®] [®] [®] [®]
 Sterno - Clavicular Jts.
 Sternum

UPPER EXTREMITIES

L R

- Clavicle
 A.C. Joints
 Shoulder
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Scaphoid
 Hand
 Digit 1 2 3 4 5

Other _____

LOWER EXTREMITIES

L R

- Hip
 Femur
 Knee
 Tib & Fib
 Ankle
 Foot
 Toe 1 2 3 4 5
 Os Calcis

- Survey:** Arthritic
: Metastatic
: Bone Age

I DECLARE I AM NOT PREGNANT

ULTRASOUND

GENERAL

- Abdomen (Incl limited pelvic if clinically indicated)
 Pelvic (Includes transvaginal if required and unless contraindicated)
 Prostate Trans-rectal
 Kidney / Bladder
 Pre / post void residue

OBSTETRICS

- OBS Dating (<16 wks)
 IPS (11-13 weeks)
 OB Routine (Anatomy Scan)
 Biophysical Profile

SMALL PARTS

- Thyroid
 Neck
 Scrotum / Testicular
 Groin
 Hernia
 Other _____

MUSCULOSKELETAL

L R

- Shoulder
 A.C Joints
 Elbow
 Forearm
 Wrist
 Hand

L R

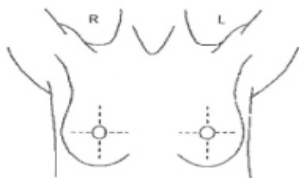
- Hip
 Leg
 Knee
 Ankle
 Foot
 Other

CARDIAC & VASCULAR

- Echocardiography
 Carotid Doppler
Peripheral Arterial Doppler
 L R Lower Limb
 L R Upper Limb
Peripheral Venous Doppler
 L R Lower Limb
 L R Upper Limb

BREAST IMAGING

- Diagnostic Mammogram**
 [®] [®] [®] [®] Implants
 Ultrasound
 [®] [®] [®] [®] Implants
OBSP Screening
Other _____



BONE DENSITY

Ministry of Health restricts to:

- Baseline
 Low Risk (5 Years)
 High Risk (1 Year)

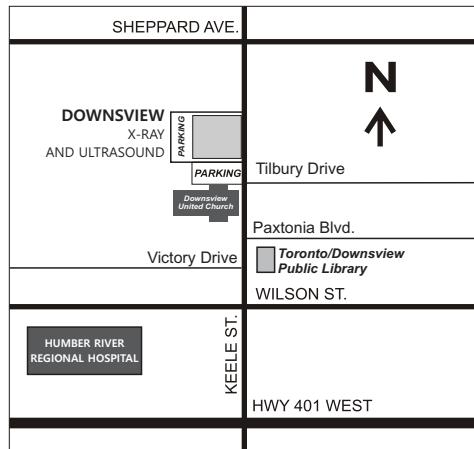
PLEASE BRING REQUISITION AND HEALTH CARD
PATIENT INSTRUCTIONS AND MAP ON BACK

Clinical History _____ STAT
 Patient return with X-Ray

DATE _____ DOCTOR'S SIGNATURE _____

DOWNSVIEW

X-RAY AND ULTRASOUND



CLINIC HOURS:

Monday: 8 am to 6 pm
 Tuesday: 8 am to 6 pm
 Wednesday: 8 am to 6 pm
 Thursday: 8 am to 6 pm
 Friday: 8 am to 4 pm
 Saturday: 8 am to 1 pm
 Sunday: **CLOSED**

FOR YOUR VISIT:

- All examinations except x-rays generally require an appointment. We will accommodate walk-ins whenever possible.
- Please bring your requisition and your current health card.
- Please arrive 15 minutes prior to your appointment time in order to register and prepare for your examination.
- Please call to cancel if you are unable to keep an appointment.
- Please follow any procedure-specific preparation as specified below. If your procedure is not listed below, no particular preparation is required.
- We welcome the opportunity to serve you at Downsview X-ray and Ultrasound. Should our location be inconvenient for you, you may take this requisition to another licensed facility providing healthcare services.

MAMMOGRAPHY

- Do not use deodorant, antiperspirant or talcum powder before the examination.
- Stay on a caffeine-free diet to minimize discomfort of compression required for optimal examination.
- If you are experiencing premenstrual breast tenderness, you may delay booking until tenderness has subsided.
- Wear a two-piece outfit.

ABDOMINAL ULTRASOUND (GALLBLADDER, LIVER, SPLEEN, PANCREAS, AORTA, KIDNEYS)

- Please notify the staff at reception if you are diabetic.
- Eat a fat-free meal the night before your examination (no cheese, milk, eggs, meat, etc.).
- Do not eat or drink for 6 hours prior to your examination.

PELVIC, PREGNANCY OR PROSTATE ULTRASOUND

- Drink 5 large glasses of water (or 2 small bottles). You must finish drinking the water 60 minutes before your examination start time.
- DO NOT GO TO THE WASHROOM.

TRANS-RECTAL STUDY

- 2 hours before examination take Dulcolax suppository, inserted rectally.
- Drink 5 large glasses of water (1.5L) one hour before your appointment.
- Do not empty bladder (do not void). Full bladder is required for this examination.

ABDOMEN & PELVIC ULTRASOUND TOGETHER

- Please inform staff if you are diabetic.
- Nothing to eat after midnight or at least 6 hours prior to your examination.
- Drink 4-5 glasses (or 2 small bottles) of water one hour before your appointment.
- DO NOT GO TO THE WASHROOM - a full bladder is necessary for your examination.

BONE MINERAL DENSITY (BMD)

- Please do not take any calcium supplements or any bone-related medication on the day of your examination.
- Bring a list of the medications you are currently taking to your appointment.