



www.valencemedicalimaging.com

Please bring this FORM & a VALID OHIP CARD to your appointment:

Date: _____

Time: _____

Test Preparation reverse side

Kennedy Eglinton

X-Ray & Ultrasound (UXB)

2374 Eglinton Ave. E, LL
Scarborough, ON M1K 2P4
T:416-757-8497 F:416-757-4146

Lawrence Bathurst

X-Ray & Ultrasound (UXB)

508 Lawrence Ave. W., #25B
Toronto, ON M6A 1A1
T:416-787-0229 F:416-787-0220

Bloor Christie

X-Ray & Ultrasound (UXB)

716 Bloor Street West
Toronto, ON M6G 1L4
T:416-588-5937 F:416-588-5094

Finchgate

X-Ray & Ultrasound (UXBF)

FREE PARKING

40 Finchgate Blvd., #320
Bramalea, ON L6T 3J1
T:905-792-8440 F:905-792-0806

Heartlake

X-Ray & Ultrasound (UX)

10425 Kennedy Rd N., #104
Brampton, On L6Z 0A4
T:905-846-7733 F: 905-846-5414

Whitby Medical

X-Ray & Ultrasound (UXBV)

220 Dundas St. W., #420
Whitby, ON L1N 8M7
T:905-430-1781 F: 905-430-1776

Niagara Falls

X-Ray & Ultrasound (UXB)

6453 Morrison St., Unit 1
Niagara Falls, ON L2E 7H1
T:905-374-1686 F:905-374-4950

X-RAY (X); Ultrasound (U); Bone Density (B); Vascular Ultrasound (V); Barium Studies (F)

***Please arrive 10 minutes early for your appointment**

*** If you have to cancel your appointment, please give at least 24 hours notice**

Patient Full Name: _____ H.I.N.: _____ VC _____
Address: _____ City: _____ Postal Code: _____
Phone #: _____ D.O.B.: _____ Gender: M F

ULTRASOUND (by appointment)

<p>ABDOMEN</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Abdomen + Pelvic</p> <p><input type="checkbox"/> Abdomen + Pelvic + Transvaginal</p> <p><input type="checkbox"/> Abdomen + Pelvic Limited</p> <p><input type="checkbox"/> Abdominal Wall</p> <p><input type="checkbox"/> AAA Screening</p> <p><input type="checkbox"/> KUB</p> <p><input type="checkbox"/> Renal</p> <p><input type="checkbox"/> Bladder</p>	<p>MUSCULOSKELETAL</p> <p>R L</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Bicep</p> <p><input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Forearm</p> <p><input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Popliteal Fossa</p> <p><input type="checkbox"/> Achilles Tendon</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Plantar Fascia</p>	<p>OBSTETRICAL</p> <p>LMP: DD/MM/YYYY</p> <p><input type="checkbox"/> Dating (<16 weeks)</p> <p><input type="checkbox"/> Prenatal Screening (IPS/eFTS) 11-14 weeks</p> <p><input type="checkbox"/> Anatomic 18-20 weeks</p> <p><input type="checkbox"/> Biophysical Profile (BPP)</p> <p><input type="checkbox"/> Fetal Growth</p> <p>FEMALE PELVIS</p> <p><input type="checkbox"/> Pelvic</p> <p><input type="checkbox"/> Transvaginal</p> <p><input type="checkbox"/> Pelvic + Transvaginal</p> <p><input type="checkbox"/> Follicular Studies</p> <p>BREAST <input type="radio"/> R <input type="radio"/> L</p>	<p>MALE PELVIS</p> <p><input type="checkbox"/> Pelvic - Transabdominal</p> <p><input type="checkbox"/> Prostate & Bladder</p> <p><input type="checkbox"/> Transrectal/ Prostate</p> <p>SMALL PARTS</p> <p><input type="checkbox"/> Thyroid</p> <p><input type="checkbox"/> Face</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Hernia</p> <p><input type="checkbox"/> Groin <input type="radio"/> R <input type="radio"/> L</p> <p><input type="checkbox"/> Testes/Scrotum</p> <p><input type="checkbox"/> Chest Wall</p> <p><input type="checkbox"/> Soft Tissue/Lump</p>
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OTHER: _____

VASCULAR (appointment)	BONE DENSITY (walk-in)	BARIUM STUDIES (appointment)
<input type="checkbox"/> Carotid R L <input type="checkbox"/> Venous Upper Ext (DVT) <input type="checkbox"/> Venous Lower Ext (DVT) <input type="checkbox"/> Arterial Lower Ext (ABI) <input type="checkbox"/> Arterial Upper Ext	<input type="checkbox"/> Baseline Study (1 st Time) <input type="checkbox"/> Low Risk (Every 3-5 years) <input type="checkbox"/> High Risk (Every 12 months) <input type="checkbox"/> Date of Last BMD: _____	<input type="checkbox"/> Barium swallow <input type="checkbox"/> Upper G.I. series <input type="checkbox"/> U.G.I. & Small bowel

X RAY (walk in)

<p>CHEST</p> <p><input type="checkbox"/> Chest PA & LAT</p> <p><input type="checkbox"/> Ribs <input type="radio"/> R <input type="radio"/> L</p> <p><input type="checkbox"/> Sternum</p> <p><input type="checkbox"/> Chest (emigration)</p> <p>ABDOMEN</p> <p><input type="checkbox"/> Single View (KUB)</p> <p><input type="checkbox"/> Acute (3 views)</p> <p>SPINE & PELVIS</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbo-Sacral Spine</p> <p><input type="checkbox"/> Sacrum & Coccyx</p> <p><input type="checkbox"/> S.I. Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Scoliosis Series</p>	<p>UPPER EXTREMITIES</p> <p>R L</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Clavicle</p> <p><input type="checkbox"/> A.C. Joints</p> <p><input type="checkbox"/> Scapula</p> <p><input type="checkbox"/> Humerus</p> <p><input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Forearm</p> <p><input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Scaphoid</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Digits</p> <p>No. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p>OTHER: _____</p>	<p>LOWER EXTREMITIES</p> <p>R L</p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Hip & Pelvis</p> <p><input type="checkbox"/> Femur</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Tibia & Fibula</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Os Calcis</p> <p><input type="checkbox"/> Toes</p> <p>No. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>	<p>HEAD & NECK</p> <p><input type="checkbox"/> Skull</p> <p><input type="checkbox"/> Sinuses</p> <p><input type="checkbox"/> Adenoids</p> <p><input type="checkbox"/> Facial Bones</p> <p><input type="checkbox"/> Nasal Bones</p> <p><input type="checkbox"/> Mandible</p> <p><input type="checkbox"/> T.M. Joints</p> <p><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> Mastoids</p> <p>SKELETAL SURVEY</p> <p><input type="checkbox"/> Metastatic</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Bone Age</p>
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CLINICAL INFORMATION

NOT PREGNANT STAT/VERBAL Tel: _____

Physician's Signature: _____
Physician's Name (print): _____
Physician's Billing #: _____
Fax #: _____
cc Physicians: _____
Date (DD/MM/YYYY): _____
Report Delivery: Fax HRM Other

Please notify the clinic at least 24 hours before your scheduled appointment, if you need to cancel or change it.

EXAM PREPARATION INSTRUCTIONS

ULTRASOUND

ABDOMEN

This exam requires the patient to have an empty stomach.

DO NOT eat or drink anything 8 hours prior to your examination. Do not smoke or chew gum.

Includes studies of the pancreas, gall bladder, spleen, liver, kidneys and aorta.

PELVIC

This exam requires the patient to have a full bladder.

Finish drinking 32 ounces or 1 litre (4 cups) of water 1 hour prior to your appointment.

DO NOT go to the washroom before your examination. You must have a full bladder for this examination.

Includes studies of uterus, ovaries, bladder, G.U. tract, and pregnancy (obstetrical/nuchal translucency).

COMBINED ABDOMEN & PELVIC

DO NOT eat anything 8 hours prior to your examination.

Finish drinking 32 ounces or 1 litre (4 cups) of water **ONLY** one hour before your examination.

DO NOT go to the washroom before your examination. You must have a full bladder for this examination.

RENAL

DO NOT eat or drink for 3 hours before your appointment.

RENAL & BLADDER

DO NOT eat or drink for 3 hours before your examination. Finish drinking 32 ounces or 1 litre (4 cups) of water 1.5 hours before your scheduled appointment. Do not empty your bladder before the exam.

OBSTETRIC

Finish drinking 32 oz or 1 litre (4 cups) of water 1 hour before your appointment.

DO NOT go to the washroom before your examination. You must have a full bladder for this examination

PROSTATE WITH TRANSRECTAL

Take a **FLEET ENEMA** 2 hours before the examination (purchase at pharmacy). Eat an early, light dinner the date before the examination. **DO NOT** eat or drink after midnight the night before the examination.

Finish drinking 32 ounces or 1 litre (4 cups) of water 1 hour before the appointment.

DO NOT go to the washroom before the examination.

For **PROSTATE ONLY** examinations, do not take laxatives

BONE MINERAL DENSITY

Do not take vitamin/calcium supplements for 24 hours before your exam. If you have had a barium study or nuclear medicine dye injection within the past 2 weeks, your test will have to be rescheduled until 2 weeks has passed.

FLUOROSCOPY -BARIUM STUDIES

DO NOT eat or drink 8 hours before your appointment. Please note that small bowel examinations may take 30 minutes to 2 hours.

There is no preparation required for exams not listed above including thyroid, breast, extremity, scrotum, soft tissue and vascular ultrasound.

For Pediatric ultrasound exam preparation guidelines (children ages 0-12 years) please visit our website at www.valencemedicalimaging.com

TORONTO – SCARBOROUGH	TORONTO – NORTH YORK	TORONTO - BLOOR
Kennedy Eglinton X-Ray & Ultrasound 2374 Eglinton Ave. E, Lower Level Scarborough, ON M1K 2P4 T:416-757-8497 F:416-757-4146 SERVICES: X-Ray, BMD, Ultrasound, Prenatal Screening	Lawrence Bathurst X-Ray & Ultrasound 508 Lawrence Ave. W., Unit 25B Toronto, ON M6A 1A1 T:416-787-0229 F:416-787-0220 SERVICES: X-Ray, BMD, Ultrasound, Prenatal Screening	Bloor Christie X-Ray and Ultrasound 716 Bloor Street West Toronto, ON M6G 1L4 T:416-588-5937 F:416-588-5094 SERVICES: X-Ray, BMD, Ultrasound, Prenatal Screening
BRAMALEA	BRAMPTON	WHITBY
Finchgate X-Ray & Ultrasound 40 Finchgate Blvd., Suite 320 Bramalea, ON L6T 3J1 T:905-792-8440 F:905-792-0806 SERVICES: X-Ray, BMD, Fluoroscopy, Ultrasound, Prenatal Screening	Heartlake X-Ray & Ultrasound 10425 Kennedy Road N., Suite 104 Brampton, On L6Z 0A4 T:905-846-7733 F: 905-846-5414 SERVICES: X-Ray, Ultrasound, Prenatal Screening	Whitby Medical X-Ray & Ultrasound 220 Dundas St. W., Suite 420 Whitby, ON L1N 8M7 T:1-905-430-1781 F: 1-905-430-1776 SERVICES: X-Ray, BMD, Ultrasound, Vascular Ultrasound, Prenatal Screening
NIAGARA FALLS	For more information, please visit www.valencemedicalimaging.com	
Niagara Falls X-Ray & Ultrasound 6453 Morrison St., Lower Level Niagara Falls, ON L2E 7H1 T:1-905-374-1686 F:1-905-374-4950 SERVICES: X-Ray, BMD, Ultrasound, Prenatal Screening		

