

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



www.valencemedicalimaging.com

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

Date: _____

Time: _____

Test Preparation reverse side



Patient Full Name: _____ H.I.N.: _____ VC _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ D.O.B.: _____ Gender: M F

ULTRASOUND (by appointment)

ABDOMEN

Abdomen
Abdomen + Pelvic
Abdomen + Pelvic + Transvaginal
Abdomen + Pelvic Limited
Abdominal Wall
AAA Screening
KUB
Renal
Bladder

MUSCULOSKELETAL

R L
Shoulder
Bicep
Elbow
Forearm
Wrist
Hand
Hip
Knee
Popliteal Fossa
Achilles Tendon
Ankle
Foot
Plantar Fascia

OBSTETRICAL

LMP: DD/MM/YYYY
Dating (<16 weeks)
Prenatal Screening (IPS/eFTS) 11-14 weeks
Anatomic 18-20 weeks
Biophysical Profile (BPP)
Fetal Growth

MALE PELVIS

Pelvic -
Transabdominal
Prostate & Bladder
Transrectal/
Prostate

SMALL PARTS

Thyroid
Face
Neck
Hernia
Groin R L
Testes/Scrotum
Chest Wall
Soft Tissue/Lump

FEMALE PELVIS

Pelvic
Transvaginal
Pelvic + Transvaginal
Follicular Studies

BREAST R L

OTHER: _____

VASCULAR (appointment)

Carotid
R L
Venous Upper Ext (DVT)
Venous Lower Ext (DVT)
Arterial Lower Ext (ABI)
Arterial Upper Ext

BONE DENSITY (walk-in)

Baseline Study (1st Time)
Low Risk (Every 3-5 years)
High Risk (Every 12 months)
Date of Last BMD: _____

BARIUM STUDIES (appointment)

Barium swallow
Upper G.I. series
U.G.I. & Small bowel

X RAY (walk in)

CHEST

Chest PA & LAT
Ribs R L
Sternum
Chest (emigration)

ABDOMEN

Single View (KUB)
Acute (3 views)

SPINE & PELVIS

Cervical Spine
Thoracic Spine
Lumbo-Sacral Spine
Sacrum & Coccyx
S.I. Joints
Pelvis
Scoliosis Series

UPPER EXTREMITIES

R L
Shoulder
Clavicle
A.C. Joints
Scapula
Humerus
Elbow
Forearm
Wrist
Scaphoid
Hand
Digits
No. 1 2 3 4 5

OTHER: _____

LOWER EXTREMITIES

R L
Hip & Pelvis
Femur
Knee
Tibia & Fibula
Ankle
Foot
Os Calcis
Toes
No. 1 2 3 4 5

HEAD & NECK

Skull
Sinuses
Adenoids
Facial Bones
Nasal Bones
Mandible
T.M. Joints
Orbits
Mastoids

SKELETAL SURVEY

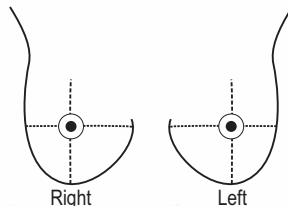
Metastatic
Arthritis
Bone Age

CLINICAL INFORMATION

NOT PREGNANT
STAT/VERBAL Tel :

MAMMOGRAPHY

Mammography
Bilateral
Implants
Left
Right



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 | |
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