

**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 (UXBFM)**

**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)

Mammography (M)

\*Please arrive 10 minutes  
 early for your appointment

\* If you have to cancel your  
 appointment, please give at  
 least 24 hour 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)**

<p><b>ABDOMEN</b></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><b>MUSCULOSKELETAL</b></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><b>OBSTETRICAL</b></p> <p><b>LMP: DD/MM/YYYY</b></p> <p><input type="checkbox"/> Dating (&lt;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><b>FEMALE PELVIS</b></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><b>BREAST</b> <input type="radio"/> R <input type="radio"/> L</p>	<p><b>MALE PELVIS</b></p> <p><input type="checkbox"/> Pelvic - Transabdominal</p> <p><input type="checkbox"/> Prostate &amp; Bladder</p> <p><input type="checkbox"/> Transrectal/ Prostate</p> <p><b>SMALL PARTS</b></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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<p><b>OTHER:</b></p> <p><b>VASCULAR (appointment)</b></p> <p><input type="checkbox"/> Carotid</p> <p>R L</p> <p><input type="checkbox"/> Venous Upper Ext (DVT)</p> <p><input type="checkbox"/> Venous Lower Ext (DVT)</p> <p><input type="checkbox"/> Arterial Lower Ext (ABI)</p> <p><input type="checkbox"/> Arterial Upper Ext</p>	<p><b>BONE DENSITY (walk-in)</b></p> <p><input type="checkbox"/> Baseline Study (1<sup>st</sup> Time)</p> <p><input type="checkbox"/> Low Risk (Every 3-5 years)</p> <p><input type="checkbox"/> High Risk (Every 12 months)</p> <p><input type="checkbox"/> Date of Last BMD: _____</p>	<p><b>BARIUM STUDIES (appointment)</b></p> <p><input type="checkbox"/> Barium swallow</p> <p><input type="checkbox"/> Upper G.I. series</p> <p><input type="checkbox"/> U.G.I. &amp; Small bowel</p>
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**X-RAY (walk-in)**

<p><b>CHEST</b></p> <p><input type="checkbox"/> Chest PA &amp; 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><b>ABDOMEN</b></p> <p><input type="checkbox"/> Single View (KUB)</p> <p><input type="checkbox"/> Acute (3 views)</p> <p><b>SPINE &amp; PELVIS</b></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 &amp; Coccyx</p> <p><input type="checkbox"/> S.I. Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Scoliosis Series</p>	<p><b>UPPER EXTREMITIES</b></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><b>LOWER EXTREMITIES</b></p> <p>R L</p> <p><input type="checkbox"/> Hip &amp; Pelvis</p> <p><input type="checkbox"/> Femur</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Tibia &amp; 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"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05</p>	<p><b>HEAD &amp; NECK</b></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><b>SKELETAL SURVEY</b></p> <p><input type="checkbox"/> Metastatic</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Bone Age</p>
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**OTHER:** \_\_\_\_\_

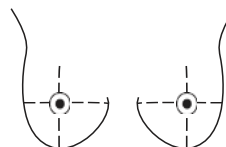
**CLINICAL INFORMATION**

NOT PREGNANT

STAT/VERBAL Tel: \_\_\_\_\_

**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.

#### MAMMOGRAPHY

Do not wear deodorant, creams or talcum powder on the day of 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](http://www.valencemedicalimaging.com)

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

