Trinity Medical Imaging
Digital Xray . Ultrasound

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trinitymedicalimaging@gmail.com

Mon - Fri:10AM -6PM
Sat:10AM - 4PM
Sun: 9:30AM - 2PM

Patient Name **D.O.B. (dd/mm/yr)** ◯M ◯F **Health Card Number** **Version Code**

Address **Home Phone** **Cell Phone**

CLINICAL HISTORY

REFERRER

Referring Physician:

OHIP #:

CPSO #:

Phone #:

Fax #:

Report Delivery Preference: ◯Fax ◯ HRM ◯ Other:

C.C to:

Signature

DIGITAL X-RAY (walk-in or appointment)

CHEST
- ☐ Chest PA & LAT
- ☐ R ☐ L Ribs
- ☐ Sternoclavicular Joints
- ☐ Thoracic Inlet
- ☐ Sternum

ABDOMEN
- ☐ Plain Film (KUB 1 View
- ☐ Acute (2 Views & Chest PA)

SURVEYS
- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

HEAD & NECK
- ☐ Skull
- ☐ Orbits
- ☐ Pituitary Fossa
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Sinuses (Not OHIP covered)
- ☐ Mastoids
- ☐ Adenoids
- ☐ I.A.C.
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Soft Tissues of Neck

☐ **OTHER:** _____

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ L-Spine, Pelvis & SI Joints
- ☐ Scoliosis Series
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ R ☐ L Hip

LOWER EXTREMITIES
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Tibia / Fibula
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L OS Calcis
- ☐ R ☐ L Toes
  ☐ 1 ☐2 ☐3 ☐4 ☐5

UPPER EXTEMITIES
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ R ☐ L A.C. Joints
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ R ☐ L Scaphoid
- ☐ R ☐ L Hand
- ☐ R ☐ L Finger
  ☐ 1 ☐2 ☐3 ☐4 ☐5

DIGITAL ULTRASOUND (by appointment)

GENERAL ULTRASOUNDS
- ☐ Abdomen
- ☐ AAA Screening
- ☐ K.U.B. (Kidney Ureters, Bladder)
- ☐ Abdomen & Pelvic (Includes TV/TR Unless Contra-Indicated)
- ☐ Pelvic / Transvaginal (Unless Contra-Indicated)
- ☐ Pelvic / Transrectal (Unless Contra-Indicated)
- ☐ Thyroid
- ☐ Testes / Scrotum

SOFT TISSUE
- ☐ Neck / Head
- ☐ R ☐ L Breast (Inc. Axillas)
- ☐ Abdominal Wall / Hernia
- ☐ Inguinal Canal / Hernia

OBSTETRIC
- ☐ R/O Ectopic
- ☐ Dating
- ☐ IPS NT Measure (12-14 Wks)
- ☐ Detailed Anatomy (19-20 Wks)
- ☐ BPP / Fetal Growth
- ☐ Follow up

MUSCULOSKELETAL
- ☐ R ☐ L Shoulder
- ☐ R ☐ L Elbow
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hand
- ☐ R ☐ L Finger
  ☐ 1 ☐2 ☐3 ☐4 ☐5

☐ **OTHER:** _____

- ☐ R ☐ L Hip
- ☐ R ☐ L Hamstring
- ☐ R ☐ L Knee
- ☐ R ☐ L Achilles Tendon
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Toes
  ☐ 1 ☐2 ☐3 ☐4 ☐5

FREE & ACCESSIBLE PARKING | ONLINE ACCESS AVAILABLE | SAME DAY DIGITAL ULTRASOUND AND XRAYS | NOW OPEN 7 DAYS A WEEK | REPORT WITHIN 24-48 HOURS

INSTRUCTIONS

- **O.H.I.P. requires you to bring your VALID HEALTH CARD and REQUISITION COMPLETED and SIGNED by your DOCTOR.**

ULTRASOUND

- **ABDOMEN**
  - If your appointment is in the morning, nothing to eat or drink 8 hours prior to your appointment
  - If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee and juice (NO MILK) up to 9 A.M.
  - Duration of scan ~30 minutes
- **PELVIC / EARLY PREGNANCY (up to 14 weeks)**
  - Full bladder. Finish drinking 1 litre of clear fluids 1 hour prior to your appointment
  - DO NOT EMPTY YOUR BLADDER
  - Duration of scan ~30 minutes
- **ABDOMEN & PELVIC**
  - Full bladder. Finish drinking 1 litre of clear fluids 1 hour prior to your appointment
  - DO NOT EMPTY YOUR BLADDER
  - Duration of scan ~1 hour
- **OBSTETRICAL DETAILED PREGNANCY (18-20 weeks, 3rd Trimester)**
  - Full bladder. Finish drinking ½ litre of clear fluids 1 hour prior to your appointment
  - DO NOT EMPTY YOUR BLADDER
  - Duration of scan ~1 hour