



Trinity Medical Imaging
Digital Xray . Ultrasound

1255 The Queensway, Unit 16A
Etobicoke, Ontario, M8Z 1S1
TEL: 416 253-5111 FAX: 416 253-5112
Mon to Fri:10AM - 6PM; Sat:10AM - 4PM

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

Address _____ Home Phone _____ Cell Phone _____

CLINICAL HISTORY

REFERRING PHYSICIAN

Referring Physician Name: _____

Billing Provider #: _____

Phone #: _____

Fax #: _____

Date: _____

Copy to: _____

Report Delivery _____

Fax _____

HRM _____

Other: _____

Preference: CPSO #: _____

Signature _____

DIGITAL X-RAY (Walk-in) Are you pregnant? ☐ YES ☐ NO

CHEST

- ☐ Chest PA & LAT
- ☐ R ☐ L Ribs
- ☐ Sterno-clavicular Jts
- ☐ Thoracic Inlet
- ☐ Sternum

ABDOMEN

- ☐ Plain Film (KUB 1 view)
- ☐ Acute (2 views plus PA chest)

HEAD & NECK

- ☐ Skull
- ☐ Orbits
- ☐ Pituitary Fossa
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Sinuses (Self Pay)
- ☐ Mastoids
- ☐ Adenoids
- ☐ I.A.C.
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Soft Tissues of Neck

SURVEYS

- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ L-spine, Pelvis & S.I. Joints
- ☐ Scoliosis Series
- ☐ Sacrum & Coccyx
- ☐ Pelvis & Hips
- ☐ S.I. Joints
- ☐ Pelvis

LOWER EXTREMITIES

- ☐ R ☐ L Hip
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Tibia/Fibula

☐ Other _____

UPPER EXTREMITIES

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ R ☐ L AC Joints
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist ☐ Scaphoid
- ☐ R ☐ L Hand
- ☐ R ☐ L Fingers 1 2 3 4 5

LOWER EXTREMITIES

- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Os Calcis
- ☐ R ☐ L Toes 1 2 3 4 5

DIGITAL ULTRASOUND (By appointment)

☐ ABDOMEN

☐ ABDOMEN & PELVIC

(includes Transvaginal unless contra-indicated)

☐ ABDOMEN WALL

☐ K.U.B (Kidney, Uretres, Bladder)

☐ TESTES/SCROTUM

☐ THYROI

☐ R ☐ L BREAST

☐ R ☐ L GROIN

☐ Other _____

☐ PELVIC/Transvaginal unless contra-indicated

- Bladder neogrowth
- Pelvic inflammatory disease
- Urinary Retention
- Pelvic Mass
- I.U.C.D. Localization, etc

☐ PELVIC/Transrectal

(includes Kidney and Bladder)

- Prostate (includes Kidney)
- Bladder Neogrowth
- Abscesses
- Urinary Retention

OBSTETRIC LMP _____

- ☐ Dating
- ☐ IPS NT Measure (11-14wk)
- ☐ Third Trimester
- ☐ R/O Ectopic

VASCULAR

- ☐ R ☐ L Venous Legs

MUSCULOSKELETAL

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Knee
- ☐ R ☐ L Elbow
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hands
- ☐ R ☐ L Fingers 1 2 3 4 5
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Toes 1 2 3 4 5
- ☐ R ☐ L Hamstring
- ☐ R ☐ L Achilles Tendon

☐ Other _____



FREE PARKING
WHEELCHAIR ACCESSIBLE

SAME DAY DIGITAL
XRAY & ULTRASOUND

ONLINE ACCESS

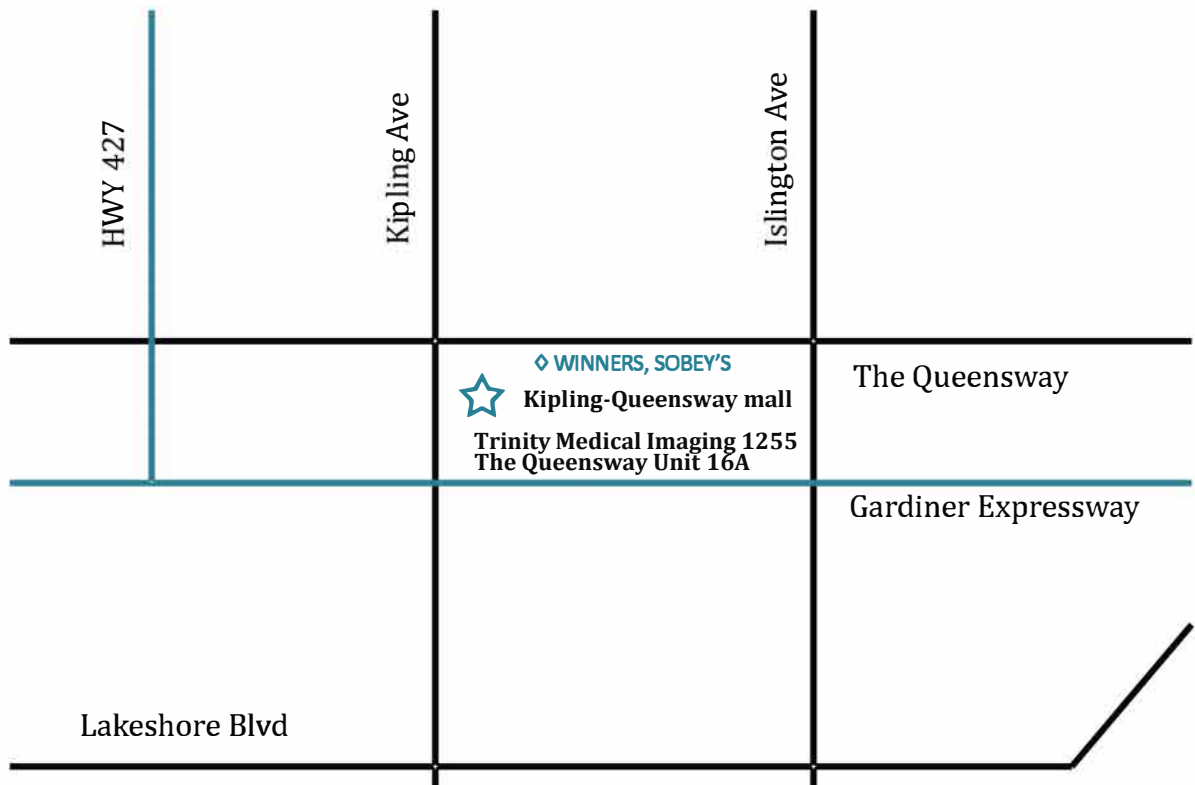
REPORT WITHIN
24 HOURS

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



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