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 PYSHICIAN

Referring Physician Name:
Billing Provider #:
Phone #:
Fax #:
Date:
Copy to:
Report Delivery Preference: CPSO #: ◯ Fax ◯ HRM ◯ Other:

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**
- ◯ **THYROID**
- ◯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 Elbow
- ◯R ◯L Wrist
- ◯R ◯L Hand
- ◯R ◯L Fingers 1 2 3 4 5
- ◯R ◯L Hip
- ◯R ◯L Knee
- ◯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

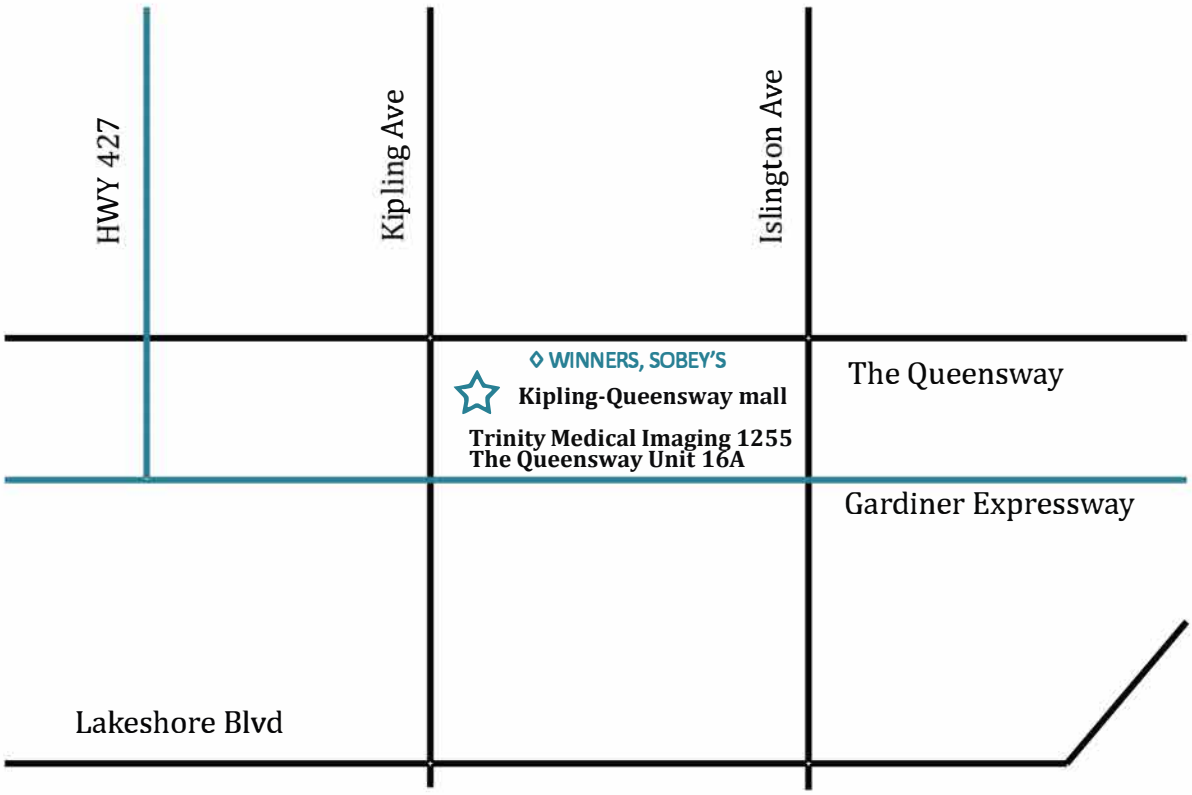
REPORT WITHIN 24 HOURS

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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