

MARKHAM DIAGNOSTIC CENTRE

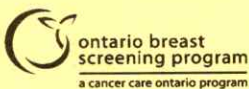
5293 Hwy #7, Suite #7/8, Markham, ON L3P 7M7

PH : 905-294-6020 FAX : 905-294-6030

(McCOWAN RD. & HIGHWAY #7)



Wheel Chair Accessible



ontario breast screening program
a cancer care ontario program



Canadian Association of Radiologists
L'Association canadienne des radiologistes

CLINIC HOURS

Mon-Thurs 8AM to 5PM

Friday 8AM to 3PM

Saturday 9AM to 2PM

mdcimaging.com

email requisitions to: bookings@mdcimaging.com

Name

D.O.B.

Sex

Health No. & V.C.

M

F

Address & Tel. No.

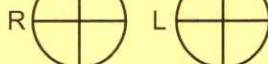
Appointment Date and Time

MAMMOGRAPHY

Call For Appointment

MAMMOGRAPHY

Routine Other (Specify) _____



BREAST ULTRASOUND R L

Region of Interest

X-RAY - WALK IN

ABDOMEN

- Single view (KUB)
- Acute (3 views)

HEAD & NECK

- Skull
- Adenoids
- Soft Tissue of Neck
- Nasal Bones
- Facial Bones
- Mandible
- T.M. Joints
- Orbits for MRI

Stat

CHEST

- Chest
- Ribs R L & Chest PA
- Sternum
- S.C. Joints
- SPINE & PELVIS**
- Cervical
- Thoracic
- Lumbosacral
- L/S Spine, Pelvis & SI Joints
- Sacrum & Coccyx
- S.I. Joints
- AP Pelvis
- Pelvis & Hip
- Scoliosis
- Other (Specify) _____

UPPER EXTREMITIES

- Shoulder
- Clavicle
- A.C. Joints
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Scaphoid
- Hand
- Digits

1 2 3 4 5

Bone Age

LOWER EXTREMITIES

- Hip
- Femur
- Knee
- Tib & Fib
- Ankle
- Foot
- Calcaneus
- Toes

1 2 3 4 5

ULTRASOUND EXAMINATIONS

Call For Appointment

GENERAL

- Abdomen
- Abdomen Limited _____
- Abdomen & Pelvis
- Renal: (Includes Pre-Post Void & Kidneys)
- Pelvis: Pre-Post Void
- Pelvis: Pre-Post Void (Includes TV unless contraindicated)
- Transvaginal
- Prostate
- Breasts R L
- Testicular / Scrotal
- Thyroid
- Neck/Lymph Node Mapping
- Groin R L
- Hernia Assessment

Please Mention Location: _____

OBSTETRICAL

- Obstetrical - Dating 16Wks
- Nuchal Translucency (NT) IPS (11-13 wks)
- OB-Routine Anatomy Scan (18-20 wks)
- Obstetrical Recall Limited
- Biophysical Profile (BPP)

MUSCULOSKELETAL

- Hips Shoulders
- Hamstrings Elbows
- Knees Wrists
- Achilles Tendons Other _____
- Ankles Lump _____
- Foot

VASCULAR ULTRASOUND

By Appointment Only

- Carotid
- Renal Arterial Doppler Arterial Doppler Upper
- Superior Mesenteric Lower
- Arterial Doppler Venous Doppler Upper
- Portal Vein Assessment Lower
- AAA - Abdominal aorta

CLINICAL INFORMATION: _____

MD: _____ CC: _____

FEMALE TECHNOLOGISTS AVAILABLE

PLEASE BRING YOUR HEALTH CARD & THIS REQUEST FORM

We accept all diagnostic requisitions

Last patient registration

Half an hour before closing

**FAST SERVICE
FREE PARKING**

PREGNANCY RELEASE FORM

I declare to the best of my knowledge that I am NOT presently pregnant.

SIGNATURE _____

DR's OFFICE STAMP

Doctor, please print your name as well _____

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(McCOWAN RD. & HIGHWAY #7)

FREE PARKING

X-Ray and Bone Density

No Preparation. No appointment required

X-线和骨密度检查

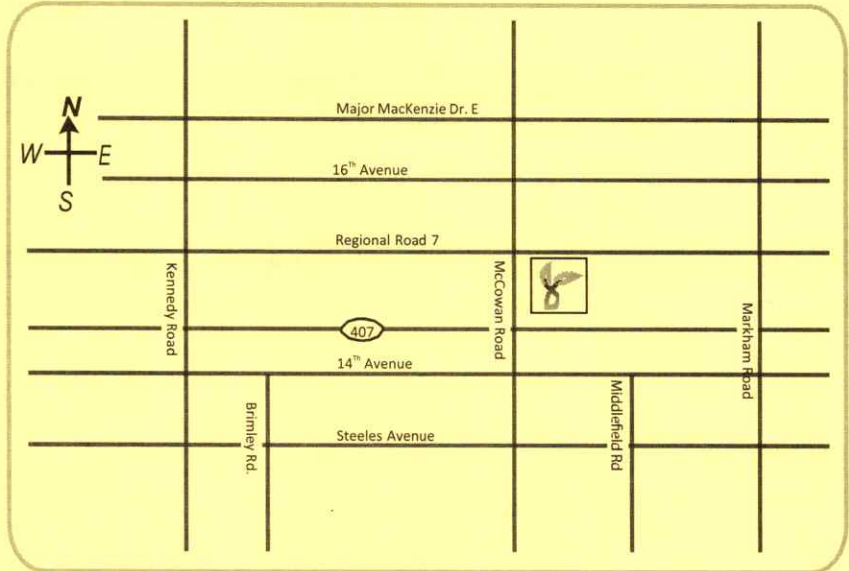
不需要特殊的准备。不需要预约

Mammography

Do not use perfume, deodorant, antiperspirant or talcum before the examination

乳腺钼靶

不要用香水、止汗剂、爽身粉、润肤膏



ULTRASOUND PREPARATIONS

超聲波檢查

ABDOMEN ULTRASOUND

Eat a fat free dinner the night before your appointment.

No carbonated drinks 12 hours before your appointment.

At least 8 hours of fasting. Clear water is permitted.

上腹腔:

檢查前一天進食無脂肪食物

檢查前十二小時內禁止飲用碳酸飲料

檢查前八小時內禁食，但可飲清水

PELVIS ULTRASOUND (+ OBSTETRICAL UNDER 16 WKS)

Drink 1 Litre of water (tea, coffee are permitted) 1 hour before your appointment.

Do not void. A full bladder is necessary for examination. You may eat breakfast.

盆腔、十六周以內的產科檢查 (包括IPS):

于檢查前一小時，飲完一升水 (或茶、咖啡、果汁)

飲水後，不可以小便；檢查完畢方可小便

可以吃早餐和午餐

ABDOMEN & PELVIS ULTRASOUND TOGETHER

Eat a fat free dinner the night before your appointment.

No carbonated drinks 12 hours before your appointment.

At least 8 hours of fasting. Clear water is permitted.

Drink 1 Litre of water (2 small bottles) or clear fluid 1 hour before your appointment.

上腹腔及盆腔檢查:

檢查前一天進食無脂肪食物

檢查前十二小時內禁止飲用碳酸飲料

檢查前八小時內禁食，但可飲清水

于檢查前一小時，飲完一升清水，飲水後不可以小便；檢查完畢方可小便

PROSTATE-TRANSRECTAL ULTRASOUND

Purchase a FLEET ENEMA from the pharmacy and follow instructions in the package.

Drink 1 Litre of water (2 small bottles) or clear fluid 1 hour before your appointment.

Do not void. A full bladder is necessary for examination.

前列腺檢查:

請于檢查前兩小時使用快速灌腸劑 (fleet enema, 到藥房購買并按照說明使用)

于檢查前一小時，飲完一升清水，飲水後不可以小便

No preparation needed for the following Ultrasounds:

• Scrotal / Testicular • Thyroid / Neck • Musculoskeletal

No Preparation required for vascular ultrasound

以下超聲波檢查無需準備:

睪丸/陰囊 甲狀腺/頸部 肌肉骨骼 血管