TORONTO EAST X-Ray & Ultrasound

1145 MORNINGSIDE AVENUE SCARBOROUGH ON M1B 0A7
Free Parking Open 7 days

Phone: 647 3500 401
Fax: 647 3500 402

Patient Information

First Name:

Last Name:

Home Phone:

Sex: Other Phone:

OHIP/ Version Code: Date of Birth:

Physician Information

Name:

Address:

Phone:

Date of Order: SSDSD Other Phone:

Doctor's Signature: Fax:

Appointment Date/ Time

Appointment Date:

Appointment Time:

Please fill if a verbal / Urgent Report id Required

Physician:

Phone:

Ultrasound

ABDOMEN AND PELVIS

- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen and Pelvis
- ☐ Transvaginal
- ☐ Transabdominal Prostate
- ☐ Transrectal Prostate
- ☐ Renal / Bladder
- ☐ Residual Bladder Volume
- ☐ Bowel Imaging

HEAD, NECK AND FACE

- ☐ Thyroid
- ☐ Neck for Lymph Nodes
- ☐ Parotid ☐ R ☐ L
- ☐ Submandibular ☐ R ☐ L
- ☐ OTHER

PEDIATRIC

- ☐ Baby Hips
- ☐ Baby Head / Brain
- ☐ Baby Spine

BREAST

☐ R ☐ L ☐ Bilateral

SMALL PARTS

- ☐ Scrotum/Testes
- ☐ Inguinal canal ☐ R ☐ L
- ☐ Lumps / Soft Tissue
- ☐ OTHER

OBSTETRICS

LMP:

EDC:

- ☐ Early Pregnancy/Dating/Viability (Full Bladder required)
- ☐ Nuchal Translucency (11-14 weeks with Full Bladder)
- ☐ OB-Detailed Anatomy (19-20 weeks- 2 cups of water)
- ☐ Growth / BPP
- ☐ Follicle Monitoring

MUSCULOSKELETAL

- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Achilles ☐ R ☐ L
- ☐ Foot / Plantar Fascia ☐ R ☐ L
- ☐ Finger: 1 2 3 4 5 ☐ R ☐ L
- ☐ Toe: 1 2 3 4 5 ☐ R ☐ L
- ☐ OTHER

X – RAY

ABDOMEN

- ☐ Single/KUB
- ☐ Acute(includes PA chest)

HEAD AND NECK

- ☐ Neck for Soft tissues
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ TemporoMandibularJoint-TMJ

LOWER EXTREMITIES

- ☐ Hip ☐ Right ☐ Left
- ☐ Femur ☐ Right ☐ Left
- ☐ Knee ☐ Right ☐ Left
- ☐ Tib.&Fib ☐ Right ☐ Left
- ☐ Ankle ☐ Right ☐ Left
- ☐ Foot ☐ Right ☐ Left
- ☐ Calcaneus ☐ Right ☐ Left
- ☐ Toe ☐ Right ☐ Left

1 2 3 4 5

SERIES

- ☐ Scoliosis
- ☐ Bone Age
- ☐ Skeletal Survey

SPINE AND PELVIC

- ☐ Cervical Spine 3 Views
- ☐ Cervical Spine 4 Views
- ☐ Thoracic Spine
- ☐ Sacrum / Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ L Spine

CHEST

- ☐ Chest PA & Lateral
- ☐ Ribs ☐ R ☐ L ☐ Bilateral Includes PA Chest
- ☐ Sternoclavicular joints
- ☐ Sternum
- ☐ OTHER

UPPER EXTREMITIES

- ☐ Elbow ☐ Right ☐ Left
- ☐ Forearm ☐ Right ☐ Left
- ☐ Shoulder ☐ Right ☐ Left
- ☐ Humerus ☐ Right ☐ Left
- ☐ Clavicle ☐ Right ☐ Left
- ☐ A.C. Joints ☐ Right ☐ Left
- ☐ Scapula ☐ Right ☐ Left
- ☐ Wrist ☐ Right ☐ Left
- ☐ Scaphoid ☐ Right ☐ Left
- ☐ Hand ☐ Right ☐ Left
- ☐ Finger ☐ Right ☐ Left

1 2 3 4 5

CLINICAL HISTORY

Visit us at www.xus.ca
Email: info@xus.ca