10-338 Waterloo St.
New Hamburg, ON
P: (519) 390-7226
F: (519) 390-0241
www.ultrascan.ca

Appointment Date & Time: ______________ AM PM

☐ **STAT REPORT**

PATIENT INFORMATION		PHYSICIAN INFORMATION	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PHONE:	OTHER PHONE:	PHONE:	FAX:
DOB:	OHIP:	SIGNATURE:	DATE:

X-RAY (NO APPT NEEDED):

- ☐ KUB (flat plate)
- ☐ Acute
- ☐ ST neck
- ☐ Skull
- ☐ Facial bones
- ☐ Mandible
- ☐ Orbits
- ☐ TMJ
- ☐ CXR
- ☐ Ribs ☐ R ☐ L
- ☐ Sternum/SC jts.
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/coccyx
- ☐ SI joints
- ☐ Pelvis & Hip ☐ R ☐ L

- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tib/fib ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Heel ☐ R ☐ L
- ☐ Toe #___ ☐ 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 ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Finger #___ ☐ R ☐ L

Other: _______________

ULTRASOUND (BY APPT ONLY):

- ☐ Abdomen
- ☐ Ltd. Abdomen
- ☐ Pelvis ☐ TV
- ☐ GU Tract (KUB)
- ☐ Abdominal Wall
- ☐ Hernia ☐ R ☐ L
- ☐ Scrotum
- ☐ Prostate (TR)
- ☐ Thyroid/Neck
- ☐ Other:

____

OB:

- ☐ Dating
- ☐ NT (11-14 weeks)
- ☐ Anatomic (20+ weeks)
- ☐ BPP ☐ Growth Only
- ☐ Multiple Gestation
- ☐ Other:

____

- ☐ Carotid
- ☐ Peripheral Venous
  - ☐ Arm ☐ Leg (DVT)
- ☐ Peripheral Arterial
  - ☐ Arm ☐ Leg

Musculoskeletal:

- ☐ Shoulder ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Other:

____

- ☐ Soft tissue ☐ R ☐ L

Area of interest:

____

Other: ________________

____

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BONE MINERAL DENSITOMETRY (BY APPT ONLY):

☐ Baseline ☐ Low Risk ☐ High Risk

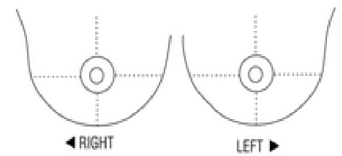
☐ Body Composition

BREAST IMAGING (BY APPT ONLY):

Ultrasound: ☐ R ☐ L ☐ Bil

Mammogram: ☐ R ☐ L ☐ Bil

☐ OBSP ☐ Implants



Clinical History:

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