

PATIENT INFORMATION

Name: _____ D.O.B: _____
 Address: _____
 City: _____ Postal Code: _____
 Health Card No: _____ Phone: _____

CLINICAL INFORMATION

PHYSICIAN INFORMATION

Referring Physician: _____ Billing #: _____
 Physician Signature: _____ CPSO #: _____
 Report Delivery Preference: Fax HRM Other: _____
 Phone Number: _____ Fax Number: _____

ULTRASOUND (All procedures involve color Doppler where applicable)

OBSTETRICAL

- DATING < 16 WEEKS
- NT 11-14 WEEKS (IPS/EFTS)
- ANATOMIC 19-20 WEEKS
- BPP
- BPP (WITH DOPPLER)
- LIMITED OB SCAN
- OB - FETAL GROWTH
- OB - HIGH RISK
- OB - HIGH RISK (WITH DOPPLER)

GENERAL ULTRASOUND

- ABDOMEN COMPLETE
- ABDOMEN LIMITED
- ABDOMENAL WALL - HERNIA
- KIDNEYS - BLADDER
- PROSTATE
- TRANSRECTAL
- TESTICULAR

PELVIC

- TRANSVAGINAL
- GROIN - HERNIA
- THYROID
- NECK
- SOFT TISSUE
- R L AXILLA
- R L BREAST + AXILLA

VASCULAR

- R L CAROTID DOPPLER
- R L RENAL VASCULAR
- R L PORTAL VENOUS DOPPLER
- R L ARTERIAL OF LOWER LIMBS (ABI)
- R L ARTERIAL OF UPPER LIMBS
- R L VENOUS OF LOWER LIMBS (DVT)
- R L VENOUS OF UPPER LIMBS (DVT)
- R L VARICOSE VEIN ASSESSMENT
- R L AORTA & ILIAC ARTERIES

OTHER: _____



MUSCULO SKELETAL

- R L SHOULDER
- R L ELBOW
- R L WRIST
- R L HAND

- R L KNEE
- R L FOOT
- R L ACHILLES TENDON
- R L LEG

- R L OTHER MUSCLE
- R L ANKLE
- R L HIP
- R L HAMSTRING

SONOHYSTEROGRAM

- SIS INCL. PRELIMINARY FEMALE PELVIS STUDY
 - TUBAL PATENCY INVESTIGATION INCL. PRELIMINARY FEMALE PELVIS STUDY
- OTHER: _____

X-RAY

CHEST

- CHEST PA & LAT
- CHEST VISA
- STERNUM
- SC JOINTS
- CHEST PA
- R L RIBS

ABDOMEN

- PLAIN FILM (KUB)
- TWO VIEWS
- + CHEST PA

OTHER: _____

HEAD & NECK

- SKULL
- FACIAL BONES
- NASAL BONES
- MANDIBLE
- T.M. JOINTS
- ADENOIDS
- MASTOID
- NECK FOR SOFT TISSUE
- SELLA TRUCICA
- ORBITS
- SCOLIOSIS
- SINUSES

WE ACCEPT WALK-INS

SPINE & PELVIS

- CERVICAL SPINE
- FLEXION/EXTENSION
- THORACIC SPINE
- LUMBAR SPINE
- SCOLIOSIS
- FLEXION/EXTENSION
- PELVIS
- S.I. JOINTS
- SACRUM/COCCYX

SKELETAL SURVEY

- ARTHRITIC
- METASTATIC
- BONE AGE

UPPER EXTREMITIES

- R L SHOULDER
 - R L CLAVICLE
 - AC JOINTS
 - R L SCAPULA
 - R L HUMERUS
 - R L ELBOW
 - R L FOREARM
 - R L WRIST
 - R L SCAPHOID
 - R L HAND
 - R L FINGERS
- NO ① ② ③ ④ ⑤

LOWER EXTREMITIES

- R L HIPS
 - R L FEMUR
 - R L KNEE
 - R L TIBIA & FIBULA
 - R L ANKLE
 - R L FOOT
 - R L CALANEUS
 - R L TOES
- NO ① ② ③ ④ ⑤

BONE MINERAL DENSITY

- BASELINE
- LOW RISK (EVERY 3 YEARS)
- HIGH RISK (ONCE A YEAR)
- LVA

PREVIOUS BMD DATE: _____

CARDIAC

- ECHOCARDIOGRAM
- 48 HOURS HOLTER
- 72 HOURS HOLTER
- 14 DAYS HOLTER
- B.P HOLTER

ASPIRATION / BIOPSY

- R L THYROID FNA (FINE NEEDLE ASPIRATION)

