

### 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)

## PREPARATION INSTRUCTION

### ABDOMEN ( Gall Bladder, Pancreas, Spleen, Liver, Kidneys and Aorta)

If your appointment is in the morning, do not eat anything after midnight the night before. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee, juice, up to 9 a.m. Nothing to eat or drink after that.

### PELVIC TRANSVAGINAL (Uterus, Ovaries and Bladder)

Finish drinking 5 glasses (1Litre) of water 1 hour before your appointment time. **Do not empty your bladder.** You must have a full bladder for this examination.

### COMBINATION PELVIC AND ABDOMINAL ULTRASOUND

Finish drinking 5 glasses (1Litre) of water 1 hour before your appointment time. **Do not empty your bladder.**

**NO BREAKFAST** on the morning of the examination. You must have a full bladder for this examination.

### OBSTETRICAL ULTRASOUND (12 Weeks or less)

Finish drinking 5 glasses (1Litre) of water 1 hour before your appointment time. **Do not empty your bladder. You must have a full bladder for this examination.**

### OBSTETRICAL ULTRASOUND (12 Weeks or more)

Finish drinking 3 glasses (750ml) of water a 1/2 hour before your appointment time. **Do not empty your bladder.** You must have a full bladder for this examination.

### PROSTATE

Finish drinking 5 glasses (1Litre) of water 1 hour before your appointment time. **Do not empty your bladder.** You must have a full bladder for this examination.

### TRANSRECTAL

Pick up a fleet enema at a pharmacy and apply 2 hours before your examination.

### BONE DENSITY

Please wear a two piece outfit with no metal or zippers, if possible. Do not take calcium supplements 24 hours prior to appointment.

### ECHOCARDIOGRAM

No preparation required.

## 检查前的准备

## آمادگی لازم قبل از سونوگرافی

### 腹部

检查前八小时不可进食和喝水。

### 骨盆 / 妇科 · 产科

检查前一小时喝 1 公升水，喝后不可小便。

### 腹部和骨盆 / 妇科一起

检查前八小时不可进食和喝水。检查前一小时喝 1 公升水喝后不可小便。

### 骨密度检查

检查前24小时不可服用钙片。

### سونوگرافی شکم

۶-۸ ساعت قبل از آزمایش از خوردن و آشامیدن خودداری فرمائید.

### سونوگرافی شکم و لگن

۶-۸ ساعت قبل از آزمایش از خوردن و آشامیدن خودداری فرمائید. از یک ساعت قبل شروع به نوشیدن حداقل یک لیتر آب نمائید و از رفتن به دستشویی و تخلیه ی مثانه خودداری فرمائید.

### سونوگرافی لگن / بارداری

از یک ساعت قبل شروع به نوشیدن حداقل یک لیتر آب نمائید و از رفتن به دستشویی و تخلیه ی مثانه خودداری فرمائید.