

320 MARCH ROAD, SUITE 603, KANATA, ONTARIO, K2K 2E3

TO SCHEDULE AN EXAM:

Online: www.hillviewimaging.ca

Phone: 613-271-0050

Email: info@hillviewimaging.ca

Fax: 613-271-1005



ATTENTION: YOU MUST PRESENT THIS FORM AT TIME OF EXAM.

<div>PATIENT NAME (LAST, FIRST) (PRINTED) _____</div> <div>DOB _____</div> <div>SEX <div>M F O</div></div>				<div>Provider's Phone # _____</div> <div>Provider's FAX # _____</div> <div>Provider's Address: _____</div>
<div>OHIP _____</div> <div>VC _____</div>	<div>PHONE _____</div> <div>EMAIL _____</div>			
<div>PROVIDER NAME (PRINTED) _____</div> <div>PROVIDER SIGNATURE (REQUIRED) _____</div>				
<div>PROVIDER OHIP BILLING NO. _____</div>	<div>DATE _____</div>	<div>CC _____</div>		
<div>CLINICAL DX / RELEVANT CLINICAL FINDINGS</div>				
<div><div><input type="checkbox"/> STAT PHONE REPORT NEEDED</div><div>Provider's Phone # _____</div><div><input type="checkbox"/> STAT FAX REPORT NEEDED</div><div>Provider's FAX # _____</div><div><input type="checkbox"/> TO REPORT CRITICAL FINDINGS AFTER HOURS CALL: _____</div></div>				

ULTRASOUND (By Appointment)

GENERAL

- ☐ Abdomen
- ☐ Elastography
- ☐ Kidney/Bladder
- ☐ Pelvis Female
- ☐ Transvaginal
- ☐ Pelvis Male (Transabdominal)
- ☐ PVR
- ☐ AAA Screening
- ☐ Abdominal Wall/Hernia
- ☐ Inguinal Canal/Groin
- ☐ Testicles/Scrotum
- ☐ Thorax
- ☐ Thyroid
- ☐ Neck
- ☐ Submandibular Glands
- ☐ Parotid
- ☐ Soft Tissue/Lump (Location) _____
- ☐ Other _____

OBSTETRICS

- Multiple Pregnancy? ☐ Y ☐ N
- ☐ Dating (under 16 Weeks)
 - ☐ Nuchal Translucency (EFTS/IPS 11+3 13+3 weeks)
 - ☐ Morphology (18-20 weeks)
 - ☐ High Risk/Complication of Pregnancy
 - ☐ Fetal Growth
 - ☐ Biophysical Profile (BPP)
 - ☐ Fetal Doppler IUGR
 - ☐ IVF Studies (not covered by OHIP)

MUSCULOSKELETAL

- R L
- ☐ Shoulder
 - ☐ Elbow
 - ☐ Wrist
 - ☐ Hand
 - ☐ Knee
 - ☐ Achilles Tendon
 - ☐ Ankle
 - ☐ Foot
 - ☐ Plantar Fascia
 - ☐ Other Muscle Area (Location) _____

PEDIATRIC ULTRASOUND (0-12 years)

- ☐ Abdomen
- ☐ Pelvis
- ☐ Other _____

PREPARING FOR YOUR EXAMINATION

ADULT PREPARATION

ABDOMINAL ULTRASOUND

Nothing to eat or drink after midnight. No breakfast. Take usual medication.

ABDOMINAL AND PELVIC ULTRASOUND

Nothing to eat after midnight. A full bladder is required. Drink 1 liter of water and finish one hour before the examination. Do not void until after the ultrasound. Take usual medication.

PELVIC AND OBSTETRIC (PREGNANCY) ULTRASOUND

A full bladder is required. Drink 1 liter of water and finish one hour before the examination. Do not void until after the ultrasound.

*Note: If you are beyond week 30 of your pregnancy, you do NOT need to present with a full bladder.

PEDIATRIC PREPARATION (12 AND UNDER)

ABDOMINAL ULTRASOUND

Nothing to eat or drink for 6 hours (Infants under 1 year, 4 hours). Take usual medication.

ABDOMINAL AND/OR PELVIC ULTRASOUND

Nothing to eat for 6 hours (Infants under 1 year, 4 hours). Drink unlimited juice or water so the patient arrives with a full bladder. Do not void until after the ultrasound. Take usual medication.

