

TO SCHEDULE AN EXAM:

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

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

ULTRASOUND (By Appointment)

GENERAL	MUSCULOSKELETAL	PEDIATRIC ULTRASOUND
<input type="checkbox"/> Abdomen <input type="checkbox"/> Kidney/Bladder <input type="checkbox"/> Pelvis Female (Includes TVS unless contraindicated) <input type="checkbox"/> Pelvis Male (Transabdominal) <input type="checkbox"/> PVR <input type="checkbox"/> AAA Screening <input type="checkbox"/> Abdominal Wall/Hernia <input type="checkbox"/> Inguinal Canal/Groin <input type="checkbox"/> Testicles/Scrotum <input type="checkbox"/> Thorax <input type="checkbox"/> Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> Submandibular Glands <input type="checkbox"/> Parotid <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Soft Tissue/Lump (Location) _____ <input type="checkbox"/> Elastography (Organ) _____	R L <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Knee <input type="checkbox"/> Achilles Tendon <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Plantar Fascia <input type="checkbox"/> Other Muscle Area (Location) _____ OBSTETRICS Multiple Pregnancy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Dating (under 16 Weeks) <input type="checkbox"/> Nuchal Translucency (EFTS/IPS 11-14 weeks) <input type="checkbox"/> Morphology (18-20 weeks) <input type="checkbox"/> High Risk/Complication of Pregnancy <input type="checkbox"/> Fetal Growth <input type="checkbox"/> Biophysical Profile (BPP) <input type="checkbox"/> Fetal Doppler IUGR	<input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other _____ CARDIAC <input type="checkbox"/> Holter Monitor 48-Hour <input type="checkbox"/> Holter Monitor 72-Hour <input type="checkbox"/> Holter Monitor 14-Day <input type="checkbox"/> Adult Echocardiogram VASCULAR (Performed at 150 Katimavik Road location) <input type="checkbox"/> Peripheral Arterial Legs/Aorta - ABI <input type="checkbox"/> Peripheral Arterial Arms - WBI <input type="checkbox"/> Peripheral Venous Legs – DVT <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Peripheral Venous Arms – DVT <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Peripheral Venous Assessment/IVC <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Carotid Arteries <input type="checkbox"/> Renal Arteries <input type="checkbox"/> ABI (Compression Therapy Only)

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.

CARDIAC STUDIES- ECHOCARDIOGRAPHY AND HOLTER MONITORS

Please refrain from applying lotion to the chest area before your appointment. Once a Holter Monitor has been applied, you will be unable to shower so it is recommended to shower before your appointment.

PEDIATRIC PREPARATION (12 AND UNDER)

ABDOMINAL ULTRASOUND

Nothing to eat or drink for 6 hours. Take usual medication.

ABDOMINAL AND/OR PELVIC ULTRASOUND

Nothing to eat for 6 hours. Drink unlimited juice or water so the patient arrives with a full bladder. Do not void until after the ultrasound. Take usual medication.

