IMPEXXUS MEDICAL IMAGING INC.

WHITBY MEDICAL ARTS IMAGING
Whitby Medical Arts Centre, Suite 17X
1615 Dundas St. E, Whitby ON, L1N 2L1
Tel.: 905.576.9729 Fax: 905.438.9729
FREE PARKING

OSHAWA X-RAY & ULTRASOUND
Glazier Medical Centre
11 Gibb Street, Oshawa ON, L1H 2J9
Tel.: 905.579.1445 Fax: 905.579.6736

NORTH WHITBY X-RAY & ULTRASOUND
Brooklin Medical Centre (Affiliated Site)
5959 Anderson St, Whitby ON L1M 2E9
Tel.: 905.655.8313 Fax: 905.655.0210
FREE PARKING

Tech's Comments/initials

☐ VERBAL

PATIENT INFORMATION

First Name ____ Last Name ____ OHIP ____-____-____ VC ____ Date of birth MM / DD / YYYY Sex M | F

Address: ____ Tel.: (   )   -

ULTRASOUND (By Appointment)

GENERAL
- ☐ Abdomen
- ☐ Abd Wall
- ☐ Abdomen + Pelvis
- ☐ Inguinal
- ☐ Female Pelvis — ☐ Endovaginal, ☐ Kidneys/Bladder
- ☐ Male Pelvis — ☐ Transrectal Prostate, ☐ Kidneys/Bladder
- ☐ Scrotum / Testes

HEAD & NECK
- ☐ Thyroid
- ☐ Parotid
- ☐ Submandibular
- ☐ Lymphnodes
- ☐ Other

CARDIAC & VASCULAR
- ☐ Upper Limbs R L
- ☐ Lower Limbs R L
- ☐ **Arterial Doppler**
- ☐ **Venous Doppler**
- ☐ **Carotid Doppler**
- ☐ **Echocardiography**
- ☐ **Renal doppler**

OBSTETRICS
First Trimester
- ☐ Dating
- ☐ Nuchal Lucency (12-14 week)
- ☐ IPS
- ☐ Anatomy (19-20 week)
- ☐ BPP

Follow up
- ☐ Head
- ☐ Face
- ☐ Heart
- ☐ Spine
- ☐ Kidneys
- ☐ Growth
- ☐ Placenta
- ☐ Amniotic Fluid
- ☐ Position

MUSCULOSKELETAL ULTRASOUND
- R L Shoulder
- R L Arm
- R L Elbow
- R L Forearm
- R L Wrist
- R L Hand
- R L Finger 1 2 3 4 5
- R L Hip
- R L Buttock
- R L Thigh
- R L Hamstring
- R L Knee
- R L Calf
- R L Ankle
- R L Foot
- R L Achilles
- R L Toe 1 2 3 4 5
- ☐ Plantar Fascia
- ☐ Back
- ☐ Chest

BONE MINERAL DENSITY (By Appointment)
- ☐ First BMD in Ontario
- ☐ Screening: Once every 60 months
- ☐ High Risk: Once every 12 months

BARIUM STUDIES (By Appointment)
- ☐ **Upper G.I. Series**

BREAST IMAGING (By Appointment)
- ☐ **ULTRASOUND** (includes Axilla)
- ☐ **MAMMOGRAPHY**
- ☐ Lump ☐ Pain
- ☐ Discharge

Indicate location R L

- ☐ **OBSP** ☐ **IMPLANTS**

*Please **do not use** deodorant or powder on day of study*

X-RAY (Walk-in)

ABDOMEN
- ☐ Plain Film (KUB)
- ☐ Acute (3 views)

CHEST
- ☐ Chest pa and Lateral
- R L Ribs and pa Chest
- ☐ Sternum

HEAD
- ☐ Skull
- ☐ Sinuses
- ☐ Adenoids
- ☐ Soft Tissue Neck
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits Pre M.R.I.

UPPER EXTREMITIES
- R L Shoulder
- R L Clavicle
- ☐ A.C. Joints
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R ☐ Scaphoid
- R L Hand
- R L Digits 1 2 3 4 5

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Dorsal Spine
- ☐ Scoliosis Series
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ Pelvis

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Bone Age

LOWER EXTREMITIES
- R L Hip
- R L Femur
- R L Knees
- R L Tib & Fib
- R L Ankle
- R L Foot
- R L Heel
- R L Toes 1 2 3 4 5

CLINICAL INFORMATION

PHYSICIAN INFORMATION

Name: ____ Date: MM/DD/YYYY

Signature ____ Provided Number

Copy: ____ ____

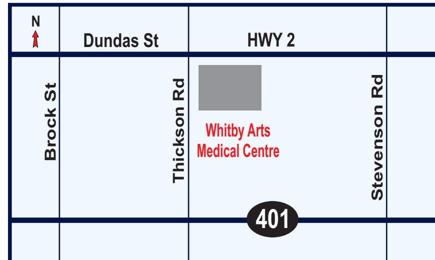
Edited: May 2019

IMPEXXUS MEDICAL IMAGING INC.

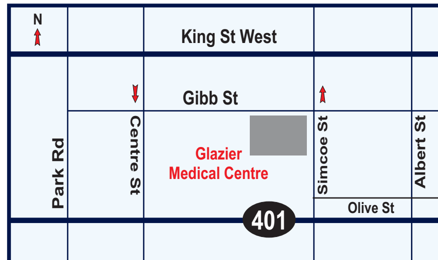
WHITBY MEDICAL ARTS IMAGING
Whitby Medical Arts Centre, Suite 17X
1615 Dundas St. E, Whitby ON, L1N 2L1
Tel.: 905.576.9729 Fax: 905.438.9729

OSHAWA X-RAY & ULTRASOUND
Glazier Medical Centre
11 Gibb Street, Oshawa ON, L1H 2J9
Tel.: 905.579.1445 Fax: 905.579.6736

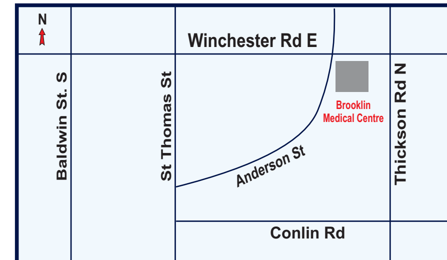
NORTH WHITBY X-RAY & ULTRASOUND
Brooklin Medical Centre (Affiliated Site)
5959 Anderson St, Whitby ON L1M 2E9
Tel.: 905.655.8313 Fax: 905.655.0210



WHITBY



OSHAWA



NORTH WHITBY

ULTRASOUND PREPARATIONS - PLEASE WASH BEFORE STUDY

Abdomen

. AM appointments: Fat free dinner night before. Nothing to eat or drink after midnight.
.PM appointments: Fat free breakfast before 9 am then clear fluids (no milk products). Nothing **2 hours** prior to study.

Abdomen & Pelvis together

. AM appointments: Nothing to eat after midnight. Drink 1 litre of water. Must finish drinking **ONE** hour before study. **Do NOT** void before the test.
. PM appointments: Eat fat free breakfast. Must finish drinking 1 litre of fluid **ONE** hour before study. **Do NOT** void before the test.

Stomach must be empty. Bladder must be full, or test may have to be rebooked.

All Pelvis:

Female or male, Obstetrics (lesss than 22 weeks) Drink 1 litre of water. Must finish drinking **ONE** hour before study. **DO NOT** void before the test. Bladder must be full, or test may have to be re-booked.

Pregnancy:

Greater than 22 weeks
DO NOT empty your bladder 2 hours before examination time. **NO** extra fluid required. Normal diet.

*The college of Physicians and Surgeons of Ontario prohibits disclosure of the sex of the baby (unless ordered by the Physician for medical reasons). The Technologist is **NOT ALLOWED** to tell you the sex of the baby.*

Male Prostate - Transrectal

. Drink 1 litre of water. Finish drinking **ONE** hour before study.
. **DO NOT** void before study.

NO PREPARATION REQUIRED

. Scrotum / Testes **. Head / Neck**
. Musculo Skeletal **. All others**

X-RAY

Upper GI, BA Swallow **. Nothing to eat or drink after midnight** **. Do not smoke or chew gum**

MAMMOGRAM

. On day of study, after shower, **DO NOT** use deodorant or power particles ruin mammogram. - Wear a 2 piece outfit.
. Avoid Caffeine to reduce breast tenderness. If having severe premenstrual tenderness, rebook appointment.
. **Do not be alarmed** if additional films or ultrasound is necessary at the time of your visit or by call back.

Please bring previous mammogram done at other facility.

Comparison to previous study significantly improves interpretation and reduce need for extra views.

Please bring your health card and arrive 15 minutes prior to appointment. If you are late, your appointment may be rebooked. Cancellation fee may apply to rebook a missed appointment. At least 24 hour notice is required. This requisition form can be taken to any licensed facility providing medical imaging healthcare services.

Visit us online at: www.impexxus.ca