

Finch - Weston X-Ray & Ultrasound



2100 Finch Ave., West Unit 212, Toronto, Ontario M3N 2Z9 (Finch Ave. West & Norfinch Dr.)

Tel: 416-644-0347 Fax: 416-644-0348

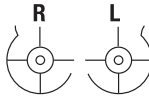
PATIENT'S Last name			Middle name			First name		
ADDRESS								
DATE OF BIRTH (D / M / Y)			SEX		PHONE			
HEALTH CARD NUMBER			VERSION CODE		APPOINTMENT			
24HR NOTICE IS REQUIRED FOR CANCELLATION								

☐ PATIENT RETURN WITH X-RAY

☐ STAT EXAMINATION

PLEASE BRING YOUR HEALTH CARD & REQUISITION FORM (SEE BACK FOR INSTRUCTIONS)

DIGITAL X-RAY EXAMINATIONS (no appointment)																																																																						
CHEST ☐ Chest PA & Lat ☒ ☐ Ribs + Chest PA ☐ Sternum ☐ Sterno-Clavicular Joints HEAD & NECK ☐ Skull ☐ Sinuses ☒ ☐ Orbits ☐ Facial Bones ☐ Nasal Bone ☐ Mandible ☐ Soft Tissue Neck ☐ T.M. Joints ☐ Adenoids ☐ PIT. Fossa ☐ Mastoid SPINE & PELVIS ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbo -sacral Spine ☐ Sacrum & Coccyx ☐ S.I. Joints ☐ Scoliosis Series ☐ Pelvis ☒ ☐ Pelvis & Hips SKELETAL SURVEY ☐ Metastatic Series ☐ Metabolic Series	ABDOMEN ☐ Plain Film K.U.B. (1 View) ☐ Acute (Abd Series) + Chest PA <table border="1" style="width:100%"><tr><th>R</th><th>L</th><th>UPPER EXTREMITIES</th></tr><tr><td>☐</td><td>☐</td><td>Shoulder Shoulder</td></tr><tr><td>☐</td><td>☐</td><td>Clavicle</td></tr><tr><td>☐</td><td>☐</td><td>A.C. Joints</td></tr><tr><td>☐</td><td>☐</td><td>Scapula</td></tr><tr><td>☐</td><td>☐</td><td>Humerus</td></tr><tr><td>☐</td><td>☐</td><td>Elbow</td></tr><tr><td>☐</td><td>☐</td><td>Forearm</td></tr><tr><td>☐</td><td>☐</td><td>Wrist</td></tr><tr><td>☐</td><td>☐</td><td>Hand</td></tr><tr><td>☐</td><td>☐</td><td>Hand & Wrist</td></tr><tr><td>☐</td><td>☐</td><td>Scaphoids</td></tr><tr><td>☐</td><td>☐</td><td>Hand for Bone Age</td></tr><tr><td>☐</td><td>☐</td><td>Digit 1 2 3 4 5</td></tr><tr><th>R</th><th>L</th><th>LOWER EXTREMITIES</th></tr><tr><td>☐</td><td>☐</td><td>Hip</td></tr><tr><td>☐</td><td>☐</td><td>Femur</td></tr><tr><td>☐</td><td>☐</td><td>Knee</td></tr><tr><td>☐</td><td>☐</td><td>Tibia & Fibula</td></tr><tr><td>☐</td><td>☐</td><td>Ankle</td></tr><tr><td>☐</td><td>☐</td><td>Foot</td></tr><tr><td>☐</td><td>☐</td><td>Os Calcis</td></tr><tr><td>☐</td><td>☐</td><td>Toes 1 2 3 4 5</td></tr></table> 	R	L	UPPER EXTREMITIES	☐	☐	Shoulder Shoulder	☐	☐	Clavicle	☐	☐	A.C. Joints	☐	☐	Scapula	☐	☐	Humerus	☐	☐	Elbow	☐	☐	Forearm	☐	☐	Wrist	☐	☐	Hand	☐	☐	Hand & Wrist	☐	☐	Scaphoids	☐	☐	Hand for Bone Age	☐	☐	Digit 1 2 3 4 5	R	L	LOWER EXTREMITIES	☐	☐	Hip	☐	☐	Femur	☐	☐	Knee	☐	☐	Tibia & Fibula	☐	☐	Ankle	☐	☐	Foot	☐	☐	Os Calcis	☐	☐	Toes 1 2 3 4 5
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CLINICAL INFO:

MD:

Verbal: ☐ Stat: ☐

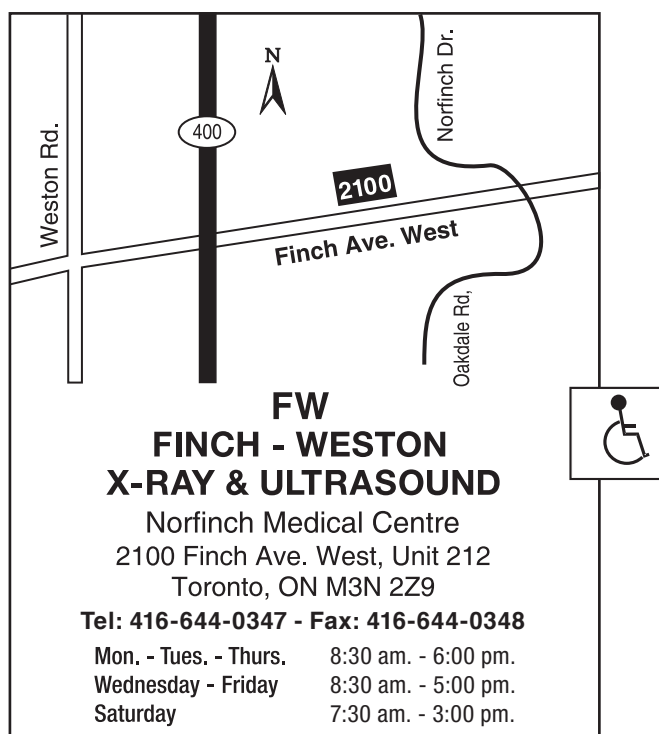
Ref. Dr. _____
Phone/Fax: _____ Phy # _____
CC: Dr. _____
Phone/Fax: _____

I declare I am not Pregnant: _____
LMP _____ Init. _____

PREPARATIONS:

ULTRASOUND EXAMINATIONS

- ☐ **ABDOMEN** - Nothing to drink or eat for 8 hours prior to examination.
- ☐ **PELVIS AND OBSTETRIC** - Drink 5 glasses (40 oz) of water 1½ hrs. before exam.
(Must be done drinking 1 hr. before exam). Do not empty the bladder until after examination.
- ☐ **COMBINED ABDOMEN AND PELVIS** - Fat free supper the night before (no fried food).
Nothing to eat for 8 hours prior to examination. Drink 5 glasses (40 oz) of water 1½ hrs. before exam.
(Must be done drinking 1 hr. before exam). Do not empty your bladder until after examination.
- ☐ **TRANSRECTAL ULTRASOUND Preparations:** 1) **Purchase FLEET ENEMA** from the pharmacy follow the instructions in the package. Take the enema 2 hours before the appointment time.
2) Drink 5 glasses of water 1 hour before examination. **DO NOT VOID (urinate)** until the examination is completed.
- ☐ **THYROID/SCROTAL/MUSCULOSKELETAL/VASCULAR***
No preparation required.



"A requisition form from your physician can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF
Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>".