

The Doctor's Building  
 955 Queen Street East, Suite 50  
 T: 705-759-1144  
 F: 705-759-5978

**PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)**

Check if Applicable:  **URGENT**

Patient Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Gender: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Clinical Information/Indications: \_\_\_\_\_

**ULTRASOUND**
**GENERAL ULTRASOUND**

- Abdomen + Pelvic Limited
- Abdomen + Pelvic + Transvaginal
- Abdomen
- Renal
- Bladder

**PELVIS**

- Female Pelvis
  - Transvaginal
- Male Pelvis
  - Prostate/Transrectal

**OBSTETRICAL**

- Dating (< 16 wks)
- Prenatal Screening (IPS/eFTS) 11-14 wks
- Anatomic 18-20 wks
- Dual Scan Series (NT scan 11-14 wks + Anatomical 18-20 wks)
- Fetal growth follow-up
- Biophysical Profile (BPP)
- Twin Series (> 18 wks)
- Follicular Studies

**SMALL PARTS**

- Face
- Thyroid and Neck
- Neck
- Female Breast  R  L
- Male Breast - Bilateral
- Chest
- Groin  R  L
- Inguinal Canal  R  L
- Testes/Scrotum
- Soft Tissue/Lump

**MUSCULOSKELETAL**

- R L**
- Rotator Cuff
  - Elbow
  - Wrist
  - Hip
  - Hamstring
  - Knee
  - Popliteal Fossa
  - Ankle
  - Achilles Tendon
  - Plantar Fascia
  - Other: \_\_\_\_\_

**VASCULAR**

- R L**
- Venous - Lower Extremity (DVT)
  - Venous - Upper Extremity (DVT)
  - Arterial - Lower Extremity (ABI)
  - Arterial - Upper Extremity
  - Carotid
  - Renal Arteries
  - Portal Venous Doppler
  - Aorta: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**BONE MINERAL DENSITY**

- Baseline Study     Follow Up     High Risk     Routine

**X-RAY (WALK-INS ACCEPTED)**
**ABDOMINAL**

- Single/KUB
- Acute (includes PA chest)

**CHEST**

- Chest PA & LAT
- Ribs  R  L
- Sternum
- Chest Visa

**HEAD & NECK**

- Soft Tissue Neck
- Skull
- Sinuses (Not insured by OHIP)
- Facial Bones
- Nose
- Mandible
- Orbits
- T.M. Joints
- Adenoids
- Mastoids

**LOWER EXTREMITIES**

- R L**
- Hip
  - Femur
  - Knee
  - Tib. & Fib.
  - Ankle
  - Foot
  - Heel
  - Toe: 1 2 3 4 5

**SPINE & PELVIS**

- Cervical Spine
- Thoracic Spine
- Lumbar (L/S) Spine
- Sacrum/Coccyx
- S.I. Joints
- Pelvis
- Scoliosis Series

**UPPER EXTREMITIES**

- R L**
- Shoulder
  - Clavicle
  - Sternoclavicular joints
  - A.C. Joint
  - Scapula
  - Humerus
  - Elbow
  - Forearm
  - Wrist
  - Scaphoid
  - Hand
  - Finger: 1 2 3 4 5


**LEG LENGTHS**

- SKELETAL SURVEY**
  - Bone Age

**OTHER:** \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)**

Referring Physician: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_\_

Copy to: \_\_\_\_\_

Report Delivery Preference:  Fax     HRM     Other: \_\_\_\_\_

## ULTRASOUND

**ABDOMEN:** No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

**PELVIC:** You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**ABDOMEN & PELVIC:** No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OBSTETRIC:** You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

**PROSTATE (TRANSRECTAL):** Use a Fleet enema 2 hours before the examination (kit may be purchased at your pharmacy). You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment.

**RENAL:** No eating or drinking for 3 hours before you appointment.

**RENAL & BLADDER:** No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OTHER:** No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

## ULTRASOUND (CHILDREN AGES 0-17 YEARS)

### ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

### PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.

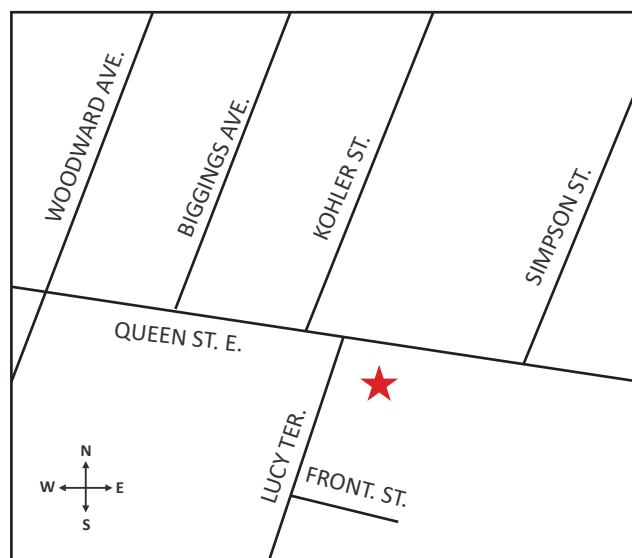
## BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam.

If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test.

Patients are asked to wear clothing without zippers or metal attachments.

**PLEASE DO NOT WEAR ANY SCENTED PRODUCTS**



The Doctor's Building  
955 Queen Street East, Suite 50  
Sault Ste. Marie, ON P6A 2C3  
Tel: 705-759-1144 | Fax: 705-759-5978

For test preparations in 20+ languages, please visit [MyHealthCentre.ca/test-prep](https://MyHealthCentre.ca/test-prep)



Book Online at MyHealthCentre.ca