



**Elgin Imaging Services**

230 First Avenue Suite # 204  
 St. Thomas, ON N5R 4P5  
 Tel: 519-631-6437  
 Fax: 519-631-9991  
 www.elginimaging.com

**PATIENT INFORMATION**

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Sex :  M  F  
 Tel : \_\_\_\_\_ Address : \_\_\_\_\_ Date : \_\_\_\_\_

Health Card Number \_\_\_\_\_ Version \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 YY MM DD

**REQUEST FOR STAT CASE**

Verbal/Tel : \_\_\_\_\_ Fax : \_\_\_\_\_  WSIB

**CLINICAL INFORMATION**

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

**ULTRASOUND** By Appointment Only

**GENERAL**

- Abdomen
- Limited Abdomen
- Abdomen / Male Pelvis
- Abdomen / Female Pelvis
- Female Pelvis / Transvaginal
- Female Pelvis
- Transvaginal
- Male Pelvis
- Transrectal
- KUB (only Kidneys & Bladder)

**OBSTETRICAL**

- Early OBS / Dating (<16 wks)
- IPS / NT (11-13 wks)
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- High Risk Pregnancy
- Biophysical Profile (BPP)

**SMALL PARTS**

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Hernia - Side \_\_\_\_\_
- Soft Tissue / Lump
- Others \_\_\_\_\_

**BREAST ULTRASOUND**

- Right
- Left
- Both

**MUSCULOSKELETAL**

- Shoulder  R  L  Both
- Arm  R  L  Both
- Elbow  R  L  Both
- Forearm  R  L  Both
- Wrist & Hands  R  L  Both
- Hip joint  R  L  Both
- Lumbar sacral  R  L  Both
- Cervical Region  R  L  Both
- Thoracic Region  R  L  Both
- Thigh  R  L  Both
- Knee  R  L  Both
- Popliteal Fossa  R  L  Both
- Calf  R  L  Both
- Foot\Ankle  R  L  Both
- Achilles Tendon  R  L  Both
- Plantar Fascia  R  L  Both
- Gluteal Region  R  L  Both

**BONE DENSITY**

(By Appointment)

- 1st Baseline BMD
- Low Risk (2nd test - 36 months)
- Low Risk (3rd test - 60 months)
- High Risk (once every 12 months)

Previous Scan  Yes  No

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

Location : \_\_\_\_\_

**X-RAY**

Before ordering X-Rays, make sure female patients are not pregnant.

**CHEST**

- P.A. & Lateral
- Chest P.A.
- Ribs  R  L
- Sternum

**HEAD & NECK**

- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses (Not covered by OHIP)
- Mastoids
- Neck, Soft Tissue
- Pre MRI Orbits

**ABDOMEN**

- Single View
- Two or More Views

**SPINE AND PELVIS**

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-Iliac Joints
- Other \_\_\_\_\_

**UPPER EXTREMITIES**

- Clavicle  R  L
- A-C Joints  R  L
- S-C Joints  R  L
- Shoulder  R  L
- Scapula  R  L
- Humerus  R  L
- Elbow  R  L
- Forearm  R  L
- Wrist  R  L
- Scaphoid  R  L
- Hand  R  L
- Wrist & Hand  R  L
- Finger 1 2 3 4 5  R  L



**LOWER EXTREMITIES**

- Hip  R  L
- Femur  R  L
- Knee  R  L
- Tibia & Fibula  R  L
- Ankle  R  L
- Calcaneus  R  L
- Foot  R  L
- Toe 1 2 3 4 5  R  L



**PREGNANCY RELEASE FORMS**

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature \_\_\_\_\_

Referring Physician : \_\_\_\_\_ CC : \_\_\_\_\_

## APPOINTMENT

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

## ULTRASOUND PREPARATION

- PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)  
- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

- UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

- UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

### BONE DENSITY

Please wear two piece outfit with no metal or zippers.

## NO PREPARATION NECESSARY

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**

### Elgin Imaging Services Inc.

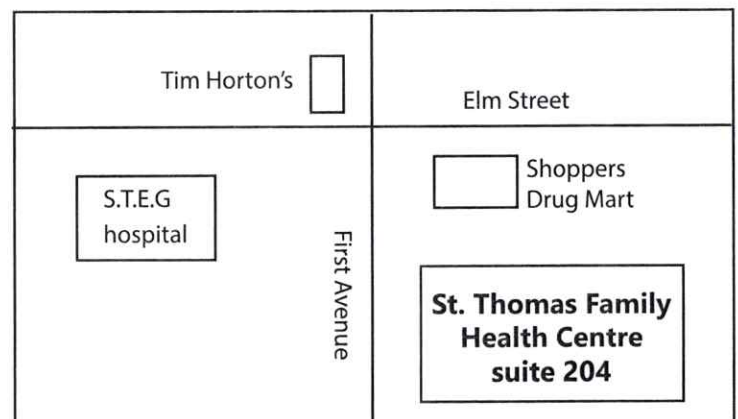
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**PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All Cancellations must be made 24 Hours in Advance**