

**Patient Information**

**Physician Information**

First Name	Last Name	Name	Address
Address	Phone	Phone	Fax
OHIP	Version Code	M   F Sex	Date of Birth
Appointment Date/Time		Date	

Please see Patient Instructions on website  
 24-hour notice required to cancel appointment or \$75 charge will be billed to patient

Appointment Date Appointment Time

**X-RAY (No Appointment)**

**CHEST**  
 Chest PA & LAT  
 Ribs  L  R  
 (includes PA chest)  
 Sterno-Clavicular  
 Sternum

**HEAD & NECK**  
 Soft Tissue Neck  
 Skull  
 Sinuses  
 Facial Bones  
 Nose  
 Mandible  
 Orbits  
 TM Joints

**SPINE & PELVIC**  
 Hip  L  R  
 Cervical Spine  
 Thoracic Spine  
 Lumbar (L/S) Spine  
 Pelvis  
 S.I. Joints  
 Sacrum/Coccyx

**ABDOMEN**  
 ABD Series  
 KUB (single view)

**UPPER EXTREMITIES**  
 L R  
 Hand  
 Wrist  
 Elbow  
 Shoulder  
 Forearm  
 Humerus  
 Clavicle  
 A.C. Joints  
 Scapula  
 Scaphoid  
 Finger: 1 2 3 4 5

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

**ULTRASOUND (By Appointment)**

**GENERAL**  
 Abdomen  
 Sonographic KUB  
 PVR – Post Void Residual  
 AAA Screening  
 Umbilical Hernia  
 Inguinal Canal/Groin  
 Scrotum  
 Thyroid  
 Neck  
 Submandibular Glands

**FEMALE PELVIS**  
 Pelvis – transvaginal  
 Pelvis – transabdominal

**MALE PELVIS**  
 Pelvis – transabdominal  
 bladder & prostate  
 Prostate – transrectal  
 **ECHOCARDIOGRAM** ♥

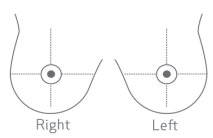
**MUSCULOSKELETAL**  
 L R  
 Shoulder  
 Elbow  
 Wrist  
 Hand  
 Knee  
 Achilles Tendon  
 Ankle (Medial)  
 Ankle (Lateral)  
 Foot  
 Plantar Fascia  
 Hips  
 Other \_\_\_\_\_

**OBSTETRICS** LMP: DD/MM/YYYY  
 OB – Under 16 weeks  
 OB – 18 – 20 weeks  
 OB – Fetal Growth  
 OB – High Risk

**VASCULAR LAB**  
 Peripheral Arterial Legs - ABI  
 Peripheral Arterial Arms - WBI  
 Venous Legs – DVT  L  R  
 Venous Arms - DVT  L  R  
 Varicose Vein Assmt  L  R  
 TOS Arterials  
 TOS Venous  
 Renal Arteries  
 Carotid Arteries  
 ABI (Compression therapy only)  
 Portal Venous Hypertension  
 Temporal Arteries

**MAMMOGRAPHY (By Appointment)**

OBSP (Routine Screening Mammogram)  
 Screening Mammogram  
 Diagnostic Mammogram  
 L  R  
 Breast Ultrasound  
 L  R




**BONE DENSITY (BMD) (By Appointment)**

Routine (Low Risk)  High Risk

**CARDIOLOGY** Call MCC at 613-722-8086

\*Exercise Stress Test  
 \*Holter Monitor 48/72-hr  
 \*Holter Monitor 14-day  
 Echocardiogram (Call MMI 613-727-1072)



**Clinical History Requested and/or Other Modality Requests**

WSIB  Out of Province  STAT

\_\_\_\_\_ Copy To: \_\_\_\_\_

Doctor's Signature

**NUCLEAR MEDICINE (By Appointment)**

\*Cardiac Perfusion  
 Pharmacologic  Discontinue Meds  Continue Meds  
 Treadmill  Discontinue Meds  Continue Meds  
 Bone Scan (Single Site)  Bone Scan (Total Body)  
 Gastric Emptying Scan

**\*Affiliated with Merivale Cardiovascular Consultants**