

**** NEW LOCATION - ULTRASOUND ONLY ****
701 Sheppard Ave E, Unit #316
North York, ON, M2K 2Z3
TELEPHONE (416) 613-8678
FAX (416) 309-1980

4168 Finch Ave E, Unit #G18
Scarborough, ON, M1S 5H6
TELEPHONE (416) 293-5940
FAX (416) 293-6036
我们有普通话服务。 我们有廣東話服务。

5 Fairview Mall Drive, Unit #100
North York, ON, M2J 2Z1
TELEPHONE (416) 499-3559
FAX (416) 499-4631
در محل فیروزیان فارسی حمایت میشود

REQUEST FOR EXAMINATION

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____
ADDRESS _____ TOWN/CITY _____ POSTAL _____
PHONE () _____ HEALTH CARD # _____ - _____ - _____ VERSION _____
DATE OF BIRTH _____ DAY MONTH YEAR Male Female

APPOINTMENT DATE / TIME

APPT. DATE _____ DAY MONTH YEAR
APPT. DAY (please circle the day):
MON TUE WED THU FRI SAT
APPT. TIME _____
* Please provide 48 hours notice of cancellation.
\$50 fee may be charged for missed appointment with no notice.

X-RAY

* appointment or walk-in service may be available depending on site and day, no preparation required

* please advise staff if you are or may be pregnant

HEAD + NECK

- Sinuses
- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Adenoids
- Neck for Soft Tissue
- Orbits
- Orbits - Pre-MRI

ABDOMINAL

- KUB (one view)
- Acute (two views) + PA Chest

CHEST

- Chest PA + LAT
- Chest PA Ins + Exp + Lat
- Sternum
- R Ribs + Chest PA
- L Ribs + Chest PA
- Immigration
- Chest PA

SPINE + PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum + Coccyx
- S-I Joints
- Pelvis (one view)
- R Hip + Pelvis
- L Hip + Pelvis
- Scoliosis Series

SKELETAL SURVEY

- Arthritic (appt. preferred)
- Metastatic (appt. preferred)
- Bone Age

OTHER EXAMS OR VIEWS:

UPPER EXTREMITIES

- R L Shoulder
- R L Clavicle
- Sternoclavicular Joints
- AC Joint
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphoid
- R L Hand
- R L Digit



LOWER EXTREMITIES

- R L Hip
- R L Femur
- R L Knee
- R L Tibia + Fibula
- R L Ankle
- R L Foot
- R L Calcaneus
- R L Toes



ULTRASOUND

* by appointment, and see preparations at back

OBSTETRICAL

- Complete Obstetrical (18-20W)
- Dating
- High Risk/Complications
- IPS (NT, 11-14W)
- Biophysical Profile

PELVIC

- Transabdominal
- Transvaginal
- 3D (IUD check / uterine shape)

ABDOMINAL

- Abdominal
- Abdomen + Pelvis
- Abdomen LIVER CLINIC
- Liver Elastography (non-OHIP)
- Intraabdominal Fat
- Abdominal Wall - Location:

PROSTATE (incl. kidneys + bladder)

- Transabdominal
- Transrectal
- Transrectal+Uroflow

SMALL PARTS

- Thyroid Neck
- Scrotum

MUSCULOSKELETAL

- R L Shoulder
- R L Elbow
- R L Wrist
- R L Hip
- R L Knee
- R L Ankle
- R L Foot
- R L Achilles/Plantar Fascia
- R L Inguinal Hernia
- R L Lumps/Masses

bilateral imaging suggested

OTHER EXAMS:

BIOPSY

- Thyroid FNA
- Ultrasound Guided Breast Biopsy
- Axillary Lymph Node Biopsy

VASCULAR ULTRASOUND + CARDIAC TESTING

* by appointment, and see preparations at back

HEAD + NECK

- Arterial (Carotids + Vertebrals)
- Carotid Intimal Thickness

ABDOMEN

- Abdominal Aorta

CARDIAC TESTING

- Echocardiography
- LV function
- Chest Pain
- SOB
- Palp/Arrhythmia
- Syncope
- HTN
- CAD
- Murmur

EXTREMITIES (Peripheral Venous)

- Arm
- Leg: Superficial Venous/Reflux (Varicose Veins)
- Leg: Deep Venous Sys./Thrombosis (DVT)

EXTREMITIES (Peripheral Arterial)

- Arm
- Leg with ankle-brachial indices

Holter Indication List:

- Screening
- Palpitations
- A-fib
- Syncope
- CVA
- Other:

CLINICAL HISTORY REQUESTED

- WSIB

- Interpretation of Chiropractic X-Rays Requested
- Consult requested for MRI/CT/Xray/Ultrasound

BONE MINERAL DENSITY (DEXA)

* walk-ins welcome, appointment preferred

- BMD in accordance with Ministry of Health ordering guidelines

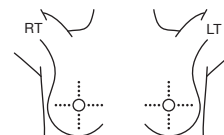


BREAST IMAGING

* by appointment, and see preparations at back

- Diagnostic Mammogram
 - Bilateral
 - Right
 - Left
 - Implants
- Contact patient directly if more views required
- Contact patient directly to book breast biopsy if required
- OBSP Screening

- Ultrasound
 - Bilateral
 - Right
 - Left
 - Implants



Previous: Yes No

Where: _____

When: _____



REFERRING PHYSICIAN **STAT** **VERBAL**

NAME OF DOCTOR _____ DOCTOR'S SIGNATURE _____

PHONE _____ FAX / EMERGENCY TEL. _____

DATE ISSUED: _____ DAY MONTH YEAR

- Request CD

COPY TO: _____ NAME _____ FAX # _____



PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND PREPARATIONS آماده شدن برای سونوگرافی

ABDOMEN, ABDOMINAL AORTA, ELASTOGRAPHY
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required).

شکم - آنورت شکم- شربان کلیه

شب قبل از آزمایش غذاهای پر چربی نخورید و هشت (8) ساعت قبل از آزمایش از غذاهای جامد اجتناب کنید. مقدار کمی آب و مایعات روشن میتوانید مصرف کنید. (داروهای تجویز شده را می توانید بخورید).

PELVIC ONLY - FEMALE & MALE
One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

لگن تنها - زن و مرد

یک ساعت قبل از آزمایش چهار (4) فنجان آب (مجموع 32 اونس) بنوشید. مثانه را خالی نکنید.

PROSTATE-TRANSRECTAL
The evening before the examination, take a fleet enema (purchased at the drug store). One hour prior to exam, drink 4 cups of water (total 32 oz). Do NOT empty bladder.

پروستات - ترانز رکتال

شب قبل از آزمایش، یک فلیت انیما از داروخانه بخرید. یک ساعت قبل از آزمایش چهار (4) فنجان آب (مجموع 32 اونس) بنوشید. مثانه را خالی نکنید.

ABDOMEN & PELVIC SAME VISIT
Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. One hour prior to exam drink 4 cups of water (total 32 oz). Do NOT empty bladder.

شکم و لگن (هر دو آزمایش در یک روز)

شب قبل از آزمایش غذاهای پر چربی نخورید و هشت (8) ساعت قبل از آزمایش از غذاهای جامد اجتناب کنید. مقدار کمی آب و مایعات روشن میتوانید مصرف کنید. یک ساعت قبل از آزمایش چهار (4) فنجان آب (مجموع 32 اونس) بنوشید. مثانه را خالی نکنید.

PREGNANCY
One hour prior to the exam, drink the required amount of water:
under 12 weeks: 4 cups (32 oz)
12-24 weeks: 3 cups (24 oz)
over 24 weeks: 2 cups (16 oz)

حاملگی

یک ساعت قبل از آزمایش آب مورد نیاز را بنوشید:

زیر 12 هفته حاملگی: چهار (4) فنجان آب (مجموع 32 اونس)
12-24 هفته حاملگی: سه (3) فنجان آب (مجموع 24 اونس)
بالای 24 هفته حاملگی: دو (2) فنجان آب (مجموع 16 اونس)

ECHOCARDIOGRAM, SCROTUM, THYROID + NECK, PARATHYROID, SALIVARY GLANDS, MUSCULO-SKELETAL, VASCULAR ULTRASOUND
No preparation required.

اکوکاردیو گرام، کیسه بیضه، غده تیروئید و گردن، پارا تیروئید، تیروئیدتان بزاع، ماهیچه - استخوانی، سونوگرافی رگها آمادگی لازم ندارد.

MAMMOGRAPHY
No powder or deodorant on day of your mammogram.

آزمایش سینه (پستان)

روز آزمایش هیچ پودر یا عطر یا کرم استفاده نکنید.

BONE MINERAL DENSITY
No vitamins, no calcium or iron supplements on day of your exam.

آزمایش استخوان پوک

ویتامین یا کلسیم تعلیقاتی در روز آزمایش نخورید.

APPOINTMENTS

وقت گرفتن برای آزمایش

PLEASE FOLLOW PREPARATIONS CAREFULLY:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx. 45 minutes for each exam.
- **Please arrive 10 minutes prior** to your scheduled appointment time in order to register and to complete any necessary paperwork.
- **48 hours notice is required for cancellations. \$50 fee may be charged for missed appointment with no notice.**
- Reports will be sent to the referring physician within 2-3 days. Urgent cases will be forwarded as soon as possible.
- Ministry of Health guidelines restrict the release of reports directly to patients.

لطفا با دقت دستورالعمل ها دنبال کنید:

لطفاً 10 دقیقه قبل از ملاقاتتان خود را به آزمایشگاه برسانید تا بتوانیم شما را ثبت نام کنیم و مدارک لازم را پر کنیم. 48 ساعت برای لغو آزمایش لازم است.

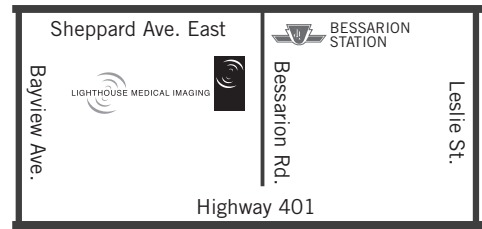
CLINIC LOCATIONS & NORMAL HOURS

Mon. to Thurs. 8:00am - 7:30pm	Friday 8:00am - 5:00pm	Saturday 8:00am - 1:00pm
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HOURS SUBJECT TO CHANGE, PLEASE CALL TO CONFIRM

SHEPPARD SITE

ULTRASOUND ONLY



**** NEW **
LOCATION**

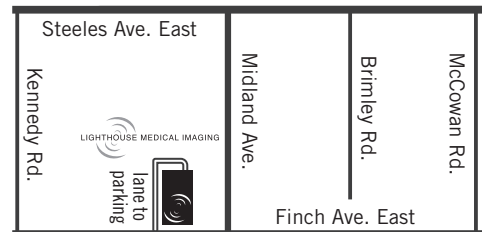
701 Sheppard Ave. East Unit #316, North York, ON, M2K 2Z3
tel (416) 613-8678 fax (416) 309-1980

FINCH SITE

ALL SERVICES AVAILABLE



FREE PARKING



Please only use 4190's parking lot if you are visiting the 4190 plaza, otherwise there is a risk of ticketing.

4168 Finch Ave. East Unit #G18, Scarborough, ON, M1S 5H6
tel (416) 293-5940 fax (416) 293-6036

FAIRVIEW SITE

ALL SERVICES AVAILABLE



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