BRANTFORD RADIOLOGY GROUP

www.brantfordradiologygroup.com

☐ **SHELLINGTON IMAGING CLINIC**
X-RAY, ULTRASOUND, VASCULAR, BMD
40 SHELLINGTON PLACE, SUITE 102
BRANTFORD, ON N3S 0C5
T: 519-752-6829 F: 519-752-7897

☐ **ST. PAUL IMAGING CLINIC**
X-RAY, ULTRASOUND
353 ST. PAUL AVENUE
BRANTFORD, ON N3R 4N3
T: 519-759-6089 F: 519-759-3618

☐ **BRANT IMAGING CLINIC**
X-RAY, ULTRASOUND
221 BRANT AVENUE
BRANTFORD, ON N3T 3J3
T: 519-750-7333 F: 519-750-7339

☐ **KING GEORGE CLINIC**
X-RAY ONLY
270 KING GEORGE ROAD,
BRANTFORD, ON N3R 5L5
T: 519-758-0600 F: 519-758-9001

☐ **PARIS MEDICAL IMAGING**
X-RAY, ULTRASOUND, MAMMOGRAPHY
25 CURTIS AVE, NORTH, SUITE 102
PARIS, ON, N3L 3V3
T: 226-806-5829 F: 226-806-5831

☐ **PARIS HEART CLINIC**
CARDIOLOGY, GXT, HOLTER, ECHO, ECG
25 CURTIS AVE, NORTH, SUITE 105
PARIS, ON, N3L 3V3
T: 226-806-5833 F: 855-794-0966

PATIENT INFORMATION

FIRST NAME		LAST NAME	
HOME PHONE		OTHER PHONE	
OHIP	VERSION CODE	DATE OF BIRTH M|M D|D Y|Y|Y|Y	SEX M F

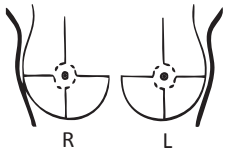
PHYSICIAN INFORMATION

NAME	ADDRESS	
TEL	FAX	
SIGNATURE	DATE M|M D|D Y|Y|Y|Y	OHIP BILLING #
COPY TO		

CLINICAL INFORMATION

☐ **CD** ☐ **STAT**

BREAST IMAGING



R/L R L OBSP ROUTINE
R/L R L MAMMOGRAM
R/L R L IMPLANTS
R/L R L TARGETED BREAST ULTRASOUND

ULTRASOUND (All procedures involve colour Doppler where applicable)

GENERAL

☐ ABDOMEN ☐ RENAL
☐ FEMALE PELVIS ☐ MALE PELVIS
☐ KUB ☐ BREAST R L B
☐ ABDOMINAL WALL
☐ TESTICULAR/SCROTUM
☐ PROSTATE-TRANSRECTAL
☐ INGUINAL CANAL/HERNIA R L B
☐ LIVER CIRRHOSIS (ABDOMEN+DOPPLER SCAN)
☐ ABDOMEN+ RENAL VASCULAR
☐ THYROID
☐ NECK MASS
☐ OTHER _____

OBSTETRICAL

☐ OB DATING (<16 WKS)
☐ IPS/eFTS (11-13 WKS+ 3 DAYS)
☐ OB ROUTINE ANATOMY (18-20 WKS)
☐ BPP (>30 WEEKS)
☐ OB HIGH RISK
☐ OB FOLLOW UP
☐ OTHER _____

MUSCULO-SKELETAL

R L B SHOULDER
R L B ELBOW
R L B WRIST
R L B HANDS
R L B HIPS
R L B HAMSTRINGS
R L B KNEES
R L B ACHILLES TENDON
R L B ANKLES
R L B FEET
R L B OTHER SOFT TISSUE
_____

VASCULAR ULTRASOUND

☐ CAROTIDS
R L B VEINS OF ARMS
R L B VEINS OF LEGS
☐ ARTERIES OF ARMS
☐ ARTERIES OF LEGS

BONE MINERAL ESTIMATION (BMD)

☐ BASELINE ☐ LOW RISK ☐ HIGH RISK

CARDIOLOGY

☐ 12-LEAD ELECTORCARDIOGRAM (Rest ECG)
☐ EXERCISE STRESS TEST (GXT)
☐ STRESS ECHOCARDIOGRAM
☐ HOLTER MONITORING
◯ 24 hrs ◯ 48 hrs ◯ 72 hrs
◯ Other: _____
☐ CONTRAST ECHOCARDIOGRAM
☐ ECHOCARDIOGRAM (Colour Doppler)
◯ Chest Pain suspicious of CAD
◯ Congestive heart failure
◯ Hypertension
◯ Murmur
◯ Palpitations/arrhythmias
◯ Syncope
◯ Other: _____
☐ CONSULT

X-RAYS

CHEST

☐ CHEST (PA & LAT)
☐ RIBS R L B
☐ STERNUM
☐ S.C. JOINTS

ABDOMEN

☐ (SINGLE VIEW) KUB
☐ ACUTE

HEAD & NECK

☐ SKULL
☐ SINUSES
☐ SOFT TISSUE OF NECK
☐ NASAL BONES
☐ FACIAL BONES
☐ MANDIBLE
☐ T.M. JOINTS
☐ ORBITS R L

SPINE & PELVIS

☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMB-SACRAL SPINE
☐ SACRUM & COCCYX
☐ S.I. JOINTS
☐ AP PELVIS

SKELETAL SURVEY

☐ ARTHRITIC
☐ METASTATIC
☐ BONE AGE

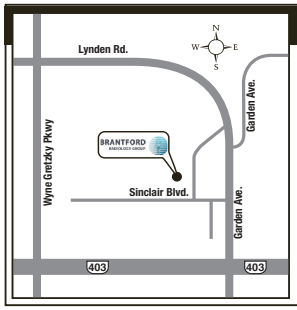
UPPPER EXTREMITIES

R L SHOULDER
R L CLAVICLE
R L A.C. JOINTS
R L SCAPULA
R L HUMERUS
R L ELBOW
R L FOREARM
R L WRIST
R L SCAPHOID
R L HAND
R L FINGERS 1 2 3 4 5

LOWER EXTREMITIES

R L HIP
R L FEMUR
R L KNEE
R L TIB & FIB
R L ANKLE
R L FOOT
R L HEEL
R L TOES 1 2 3 4 5

X-RAY • ULTRASOUND • VASCULAR ULTRASOUND • BONE DENSITY • MAMMOGRAPHY

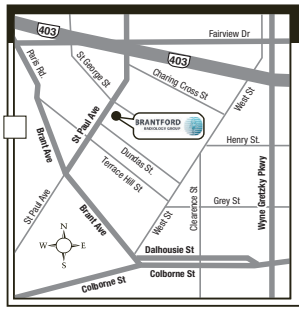


SHELLINGTON IMAGING CLINIC

40 SHELLINGTON PLACE, SUITE 102
BRANTFORD, ON N3S 0C5

X-RAY, ULTRASOUND,
VASCULAR, BMD

TEL: **519-752-6829**
FAX: **519-752-7897**



ST. PAUL IMAGING CLINIC

353 ST. PAUL AVENUE
BRANTFORD, ON N3R 4N3

X-RAY,
ULTRASOUND

TEL: **519-759-6089**
FAX: **519-759-3618**

BRANT IMAGING CLINIC

221 BRANT AVENUE
BRANTFORD, ON N3T 3J3

X-RAY,
ULTRASOUND

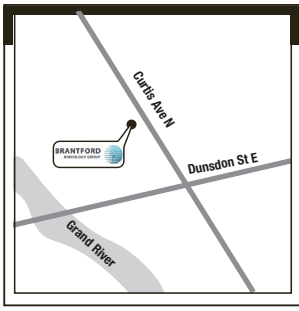
TEL: **519-750-7333**
FAX: **519-750-7339**

KING GEORGE CLINIC

270 KING GEORGE ROAD,
BRANTFORD, ON N3R 5L5

X-RAY ONLY

TEL: **519-758-0600**
FAX: **519-758-9001**



PARIS MEDICAL IMAGING

25 CURTIS AVE, NORTH,
SUITE 102
PARIS, ON, N3L 3V3

X-RAY, ULTRASOUND,
MAMMOGRAPHY

TEL: **226-806-5829**
FAX: **226-806-5831**

PARIS HEART CLINIC

25 CURTIS AVE, NORTH,
SUITE 105
PARIS, ON, N3L 3V3

CARDIOLOGY, GXT,
HOLTER, ECHO, ECG

TEL: **226-806-5833**
FAX: **855-794-0966**

PLEASE BRING YOUR HEALTH CARD WITH THIS REQUEST FORM.
CANCELLATION SHOULD BE MADE 48 HOURS BEFORE APPOINTMENT.

Preparations and instructions for examinations

ULTRASOUND (BY APPOINTMENT ONLY)

ABDOMEN

If your appointment is in the morning, nothing to eat or drink 8 hours prior to your appointment.
If your appointment is in the afternoon , for breakfast you may drink black tea, black coffee (No milk) and clear apple juice up to 8 AM.

PELVIC / EARLY PREGNANCY (UP TO 14 WEEKS)

A full bladder is necessary. Finish drinking 1 liter of clear fluids 1 hour prior to your appointment. DO NOT EMPTY YOUR BLADDER.

ABDOMEN AND PELVIC

Nothing to eat 8 hours prior to your appointment
A full bladder is necessary. Finish drinking 1 liter of clear fluids 1 hour prior to your appointment. DO NOT EMPTY YOUR BLADDER.

OBSTETRICAL 12-18 WEEKS

A full bladder is necessary. Finish drinking 1/2 liter of clear fluids 1 hour prior to your appointment. DO NOT EMPTY YOUR BLADDER. You may eat normally prior to having your ultrasound

OBSTETRICAL OVER 18 WEEKS

No preparation is required. You may eat normally prior to having your ultrasound

OBSTETRICAL NUCHAL TRANSLUCENCY, IPS, eFTS

A full bladder is necessary. Finish drinking 1 liter of clear fluids 1 hour prior to your appointment. DO NOT EMPTY YOUR BLADDER.
You much bring all the papers from your doctor (blood work requisition, IPS screening paper, etc) with you for your appointment

PROSTATE-TRANSRECTAL

Purchase a fleet enema from the pharmacy and follow the instructions in the package.
Self administer the enema 2 hours before your appointment time.
Finish drinking 1 liter of clear fluids 1 hour prior to your appointment. DO NOT EMPTY YOUR BLADDER.

MAMMOGRAPHY (BY APPOINTMENT ONLY)

Do not use deodorant or body powder on the day of the examination. Wear a two piece outfit.

BONE MINERAL DENSITY (BY APPOINTMENT ONLY)

No preparation required. No Barium studies within 7 days.
Refrain from wearing clothing with zippers/metal snaps

X-RAYS

No preparation or appointment required.

www.brantfordradiologygroup.com