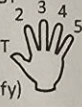


APPOINTMENT DATE		TIME
PATIENT INFORMATION		
FIRST NAME: MBALUZIER.FINLAY CHART#:		
N:2321499614 YB SEX:F DOB:2017-05-09		
Amberglen Court		
Island Landing, ON L9N 1J6		
Home: [REDACTED]		
SEX ☐ M ☐ F		VERSION CODE
CARD NUMBER		
Please bring a completed Requisition Form and valid Health Card. Please arrive 10 minutes early to register		
REFERRING PHYSICIAN		
SIGNATURE: [Signature]		DATE: Feb. 6/20
COPY TO		
☐ VERBAL CONTACT NUMBER		
PHYSICIAN ADDRESS 30 Prospect St. Suite 200 Newmarket, ON L3Y 3S8 Fax: 905-770-7733		
CLINICAL INFORMATION - MANDATORY, AS PER CPSO		
10 yr girl, was bitten by dog multiple scalp wounds, 90% tenderness & pain after a few months.		
RAY - AURORA, NEWMARKET, VAUGHAN NO APPOINTMENT NEEDED, CHECK WEBSITE FOR X-RAY HOURS!		
CHEST ☐ CHEST PA ☐ CHEST PA & LAT ☐ STERNUM ☐ RIBS & CHEST PA ABDOMEN ☐ KUB (1 View) ☐ ACUTE (2 Views) SPINE & PELVIS/HIPS ☐ CERVICAL SPINE ☐ THORACIC SPINE ☐ LUMBAR SPINE (LS) ☐ THOR-LUMB (T9-L3) ☐ SCOLIOSIS ☐ SACRUM & COCCYX ☐ S.I. JOINTS ☐ PELVIS ☒ ☐ HIP	LOWER EXTREMITIES ☒ ☐ FEMUR ☒ ☐ KNEE ☒ ☐ TIBIA & FIBULA ☒ ☐ ANKLE ☒ ☐ FOOT ☒ ☐ CALCANEUS ☒ ☐ TOES No. 1 2 3 4 5 UPPER EXTREMITIES ☒ ☐ SHOULDER ☒ ☐ CLAVICLE ☒ ☐ A.C. JOINTS ☒ ☐ S.C. JOINTS ☒ ☐ SCAPULA ☒ ☐ HUMERUS ☒ ☐ ELBOW ☒ ☐ FOREARM ☒ ☐ HAND & WRIST ☒ ☐ WRIST ☒ ☐ SCAPHOID ☒ ☐ HAND ☒ ☐ DIGITS (Specify) 	HEAD & NECK ☒ SKULL ☐ ORBITS ☐ ORBITS (PRE MRI) ☐ FACIAL BONES ☐ NASAL BONES ☐ MANDIBLE ☐ T.M. JOINTS ☐ ADENOIDS ☐ SOFT TISSUE NECK SKELTAL SURVEY ☐ ARTHRITIC ☐ METASTATIC ☐ BONE AGE NON OHIP - Self Pay ☐ SINUSES ☐ FACE DENTAL ASSESSMENT
ULTRASOUND - AURORA, NEWMARKET, VAUGHAN (APPOINTMENT REQUIRED)		
OBSTETRICAL ☐ NUCHAL TRANSLUCENCY IPS (12-13 Weeks) ☐ < 16 WEEKS ☐ > 18 WEEKS ☐ BIOPHYSICAL PROFILE ☐ TWINS GENERAL ☐ ABDOMEN (No Bladder or Lower Quadrants) ☐ LIMITED PELVIS (Ltd. Bladder & Lower Quadrants, NO Repro Organs) ☐ PELVIS (MALE) (Includes Prostate) ☐ FEMALE PELVIC (Includes Repro Organs) ☐ TRANSVAGINAL ☐ LIMITED RENAL AND BLADDER (KUB) ☐ SOFT TISSUE HERNIA	OTHER ☐ THYROID ☐ NECK ☐ TESTICULAR ☐ SOFT TISSUE PALPABLE LUMP VASCULAR ☐ CAROTIDS ☒ ☐ VENOUS LOWER EXTREMITIES ☒ ☐ ARTERIAL LOWER EXTREMITIES ☒ ☐ VENOUS UPPER EXTREMITIES ☒ ☐ ARTERIAL UPPER EXTREMITIES ☐ AORTA (AAA SCREENING)	MSK ☒ ☐ SHOULDER ☒ ☐ ACHILLES TENDON ☒ ☐ PLANTAR FASCIITIS ☒ ☐ BAKER'S CYST ☒ ☐ GREAT TROCHANTER (for Bursitis) CARDIAC ☐ ECHOCARDIOGRAM
CARDIAC DIAGNOSTICS - AURORA, VAUGHAN		
☐ ECHOCARDIOGRAM ☐ EXERCISE STRESS TEST ☐ ECG ☐ HOLTER MONITORING (24/48/72/1 wk/2 wk) ☐ AMBULATORY 24 HR BP MONITOR (non OHIP)		
NUCLEAR MEDICINE - AURORA, VAUGHAN		
CARDIOLOGY - AURORA, VAUGHAN ☐ EXERCISE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.) ☐ PERSANTINE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.) ☐ RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)* ☐ THALLIUM, REST AND REDISTRIBUTION (RE: VIABILITY) * Includes Ejection Fraction GENERAL - AURORA ☐ BONE SCAN - WHOLE BODY ☐ BONE SCAN - SINGLE SITE ☐ BILIARY SCAN (HIDA) ☐ LIVER - RBC SPECT (RE: HEMANGIOMA) ☐ BRAIN SPECT ☐ OTHER		
BONE MINERAL DENSITY - AURORA, VAUGHAN		
☐ BASELINE - (one per lifetime) ☐ 2nd test LOW RISK - (after 36 months) ☐ Subsequent LOW RISK - (after 5 years) ☐ HIGH RISK - (after 1 year) See Website for Link to High Risk Factors and Ministry of Health Billing Information ☐ DEXA Whole Body Composition		