www.xrayassociates.org

APPOINTMENT DATE _____ TIME _____

ENT INFORMATION

FIRST NAME

)MBALUZIER,FINLAY CHART#:
N:2321499614 YB SEX:F DOB:2017-05-09
Amberglen Court
)lland Landing,ON L9N 1J6
)me: [redacted]

SEX ☐ M ☐ F

ARD NUMBER | VERSION CODE

t bring a completed Requisition Form and valid Health Card. Please arrive 10 minutes early to register

REFERRING PHYSICIAN

SIGNATURE M Tulini DATE Feb. 6/20

COPY TO

☐ VERBAL CONTACT NUMBER

PHYSICIAN ADDRESS
30 Prospect St. Suite 200
Newmarket. ON
L3Y 3S8
fax: 905-770-7733

NICAL INFORMATION - MANDATORY, AS PER CPSO

yo girl, ~~boy~~ was bitten by dog multiple scalp wounds, ↓ 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
- ☐ R ☐ L 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
- ☐ R ☐ L HIP

LOWER EXTREMITIES
- ☐ R ☐ L FEMUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES No. 1 2 3 4 5

UPPER EXTREMITIES
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L A.C. JOINTS
- ☐ R ☐ L S.C. JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L HAND & WRIST
- ☐ R ☐ L WRIST
- ☐ R ☐ L SCAPHOID
- ☐ R ☐ L HAND
- ☐ R ☐ L DIGITS (Specify)

HEAD & NECK
- ☒ SKULL
- ☑ ORBITS
- ☐ ORBITS (PRE MRI)
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ T.M. JOINTS
- ☐ ADENOIDS
- ☐ SOFT TISSUE NECK

SKELETAL SURVEY
- ☐ ARTHRITIC
- ☐ METASTATIC
- ☐ BONE AGE

NON OHIP - Self Pay
- ☐ SINUSES
- ☐ FACE DENTAL ASSESSMENT

CARDIAC DIAGNOSTICS - AURORA, VAUGHAN

NEW!

- ☐ 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 _____

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
- ☐ R ☐ L VENOUS LOWER EXTREMITIES
- ☐ R ☐ L ARTERIAL LOWER EXTREMITIES
- ☐ R ☐ L VENOUS UPPER EXTREMITIES
- ☐ R ☐ L ARTERIAL UPPER EXTREMITIES
- ☐ AORTA (AAA SCREENING)

MSK
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L ACHILLES TENDON
- ☐ R ☐ L PLANTAR FASCIITIS
- ☐ R ☐ L BAKER'S CYST
- ☐ R ☐ L GREAT TROCHANTER (for Bursitis)

CARDIAC
- ☐ ECHOCARDIOGRAM

Scalp US

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** NEW!