

# TORONTO QUEENSWAY ULTRASOUND & X-RAY DIAGNOSTICS LTD

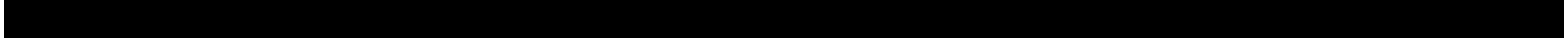
PLEASE BRING REQUISITION FORM AND HEALTH CARD

OPEN 7 DAYS /BOOK ON-LINE

523 The Queensway, Unit 2  
 Etobicoke, Ontario M8Y 1J7  
 Fax: 416-252-2220  
 Tel.: 416-252-2225  
 info@torontoqdiagnostics.com

PATIENT'S LAST NAME		FIRST NAME		DATE OF BIRTH			SEX	
				D	M	Y	<input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS			TOWN/CITY			POSTAL CODE		
HEALTH INSURANCE NUMBER						TELEPHONE		
						V   C		
REFERRING PHYSICIAN			OFFICE #		APPOINTMENT			
C.C. DR.			FAX		DATE		TIME	

**OFFICE HOURS**  
 Mon.-Fri. 9am-8pm  
 Sat. & Sun. 10am-3pm  
**FREE PARKING**



**ABDOMEN**

- Single
- Acute

**HEAD & NECK**

- Single
- Skull
- Sella Turcica
- Sinuses
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Mastoids
- Adenoids
- IA Meati
- Orbits (MRI)
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**SKELETAL SURVEY**

- Arthritic
- Metastatic
- Bone Age

**SPINE & PELVIS**

- Cervical Spine
- Dorsal Spine
- Lumbar (L/S) Spine
- Sacrum/Coccyx
- S.I. Joints
- Pelvis
- Pelvis & Hips
- Scoliosis

**CHEST**

- Chest PA & LAT
- Chest PA - Immigration
- Rib  R  L  B
- Sterno - Clavicular Jts.
- Sternum

**UPPER EXTREMITIES**

- L R**
- Clavicle
  - A.C. Joints
  - Shoulder
  - Scapula
  - Humerus
  - Elbow
  - Forearm
  - Wrist
  - Scphoid
  - Hand
  - Digit 1 2 3 4 5
  - Other \_\_\_\_\_

**LOWER EXTREMITIES**

- L R**
- Hip
  - Femur
  - Knee
  - Tib & Fib
  - Ankle
  - Foot
  - Toe 1 2 3 4 5
  - Os Calsis
  - Other \_\_\_\_\_

Tech	Tech Factor
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**I DECLARE I AM NOT PREGNANT**

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**ULTRASOUND - Call for Appointment (416) 252-2225**

**ABDOMEN**

- Complete
- Limited
- Hernia
- Groin

**PELVIC**

- Pelvic (female)
  - Transviginal
- Pelvic (male)
  - Prostate
  - Tranrectal
- Pre & Post void volume

**PREGNANCY**

- OB Dating (< 16 WKS)
- OB Routine (18 -20 WKS)
- OB Routine (> 20 WKS)
- IPS
- BIO physical profile
- 2D ECHOCARDIOGRAPHY
- EVENT MONITOR**
- 7 Day  14 Days
- HOLTER MONITOR**
- 24 Hours  48 Hours
- 72 Hours  14 Days
- Electrocardiogram
- BLOOD PRESSURE**
- 24 Hours  48 Hours

**SMALL PARTS**

- Thyroid
- Neck
- Lump
- Back
- Testes/Scrotum
- Other \_\_\_\_\_
- BREAST**
- L  R  B
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**MUSCULOSKELETAL**

- L R**
- Shoulder
  - A.C. Joints
  - Elbow
  - Forearm
  - Wrist
  - Hand
  - Hip
  - Leg
  - Knee
  - Ankle
  - Foot
  - Other \_\_\_\_\_

**PATIENT INSTRUCTIONS AND MAP ON BACK**

**PREFERRED BOOKING TIME:**  M  T  W  TH  F  S  S  9AM-1PM  1PM- 5PM  5PM-8PM

Clinical History \_\_\_\_\_  Stat

Reason for Test \_\_\_\_\_  Verbal

DOCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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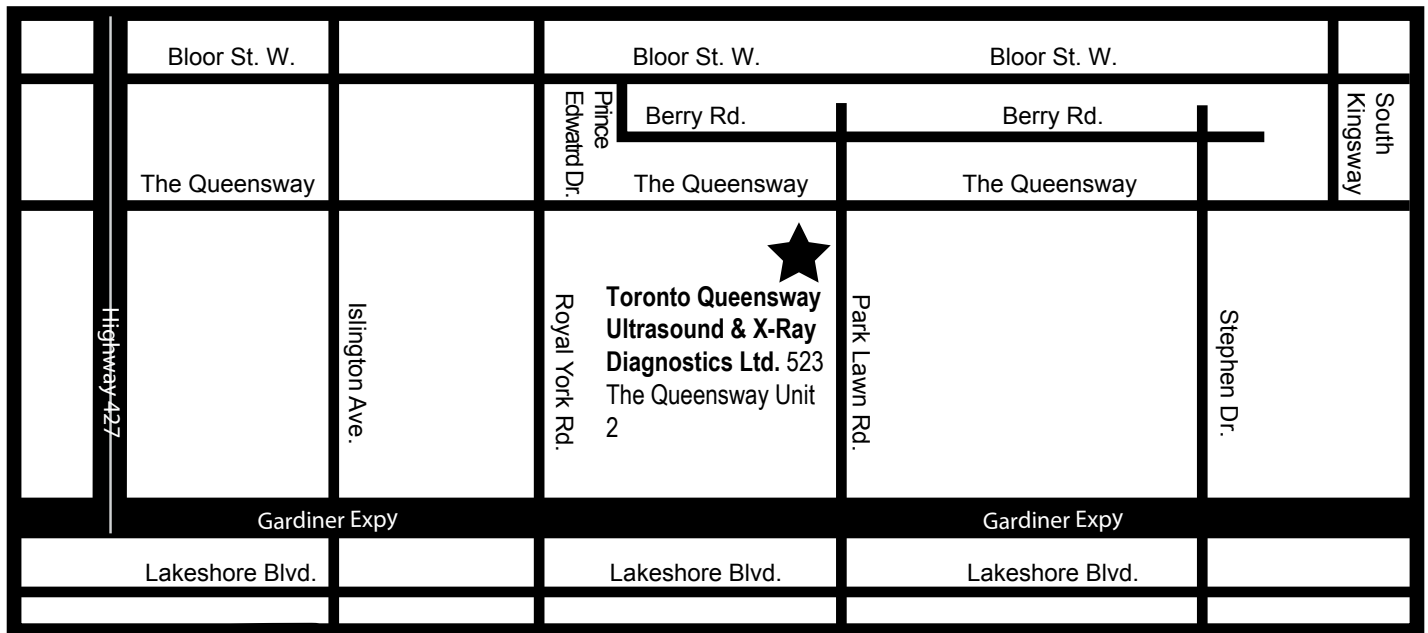
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### FREE PARKING

### OPEN 7 DAYS A WEEK



## ULTRASOUND PREPARATION

### ABDOMEN:

Do not eat or drink 8 hours before examination.

**NOTE:** For afternoon or evening appointment have a light breakfast (toast, tea or coffee)

**No Dairy Products.**

### OBSTETRICAL or PELVIS:

Drink 5 large glasses of water (35 - 40 oz) 1 hour before your examination. **Do not urinate.**

### ABDOMEN and PELVIS examinations combined:

Do not eat or drink for 8 hours and drink 5 cups of water 1 hour before your examination. **DO NOT URINATE.**

### PROSTATE - Trasabdominal:

Same as pelvic above

### TRANSRECTAL - Purchase Rectal Fleet Enema from the Pharmacy.

- Take Enema 3 hours before examination

- Drink 5 glasses of water 1 hour before examination.

- **Do not urinate**