

BELLEVILLE X-RAY & ULTRASOUND

The Medical Diagnostic Imaging Experts, Who Care!

150 Sidney St., Belleville, ON K8P 5E2

Tel: (613) 969-0264 Fax: (613) 969-1662

Hours: Mon. - Thur. 8:30 am. - 5:00 pm. **Free Parking**
Friday 8:00 am. - 4:30 pm.



KENTE X-RAY & ULTRASOUND

470 Dundas St. East,
Belleville, ON K8N 1G1

Tel: (613) 962-4226 Fax: (613) 962-1063

Hours: Mon. - Fri. 8:30 am. - 5:00 pm. **Free Parking**
Saturdays 9:00 am. - 4:00 pm. cancer care | action cancer ontario

PATIENT'S NAME (Last name) (Middle name) (First name)

ADDRESS: Street # Street City Postal code

DATE OF BIRTH:

TELEPHONE

APPOINTMENT

OHIP #

VERBAL/STAT

COBOURG X-RAY & ULTRASOUND

52 King St. West

Cobourg, ON K9A 2L9

Tel: (289) 677-0117 Fax: (289) 677-0119

Hours: Mon. - Fri. 8:30 am. - 5:00 pm. **Free Parking**
Saturdays 9:00 am. - 1:00 pm.

24HR NOTICE IS REQUIRED FOR CANCELLATION / NO SHOW FEE(S)

X-RAY (Appointment Required)

CHEST & ABDOMEN		R	L	UPPER EXTREMITIES
<input type="checkbox"/>	Chest PA & Lat	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder
<input checked="" type="checkbox"/>	<input type="checkbox"/> Ribs + PA Chest	<input type="checkbox"/>	<input type="checkbox"/>	Clavicle
<input type="checkbox"/>	Sternum	<input type="checkbox"/>	<input type="checkbox"/>	A.C.Joints
<input type="checkbox"/>	K.U.B.(1 View)	<input type="checkbox"/>	<input type="checkbox"/>	Scapula
<input type="checkbox"/>	Acute (Abd Series)	<input type="checkbox"/>	<input type="checkbox"/>	Humerus
<input type="checkbox"/>	SC Joints	<input type="checkbox"/>	<input type="checkbox"/>	Elbow
HEAD & NECK		<input type="checkbox"/>	<input type="checkbox"/>	Forearm
<input type="checkbox"/>	Skull	<input type="checkbox"/>	<input type="checkbox"/>	Wrist <input type="checkbox"/> Scaphoid
<input type="checkbox"/>	Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	Hand
<input type="checkbox"/>	Orbits	<input type="checkbox"/>	<input type="checkbox"/>	Hand & Wrist
<input type="checkbox"/>	Facial Bones	<input type="checkbox"/>	<input type="checkbox"/>	Hand for Bone Age
<input type="checkbox"/>	Nasal Bone	<input type="checkbox"/>	<input type="checkbox"/>	Digit 1 2 3 4 5
<input type="checkbox"/>	Mandible			
<input type="checkbox"/>	Soft Tissue Neck (Adenoids)	R	L	LOWER EXTREMITIES
<input type="checkbox"/>	T.M.Joints	<input type="checkbox"/>	<input type="checkbox"/>	Hip
SPINE & PELVIS		<input type="checkbox"/>	<input type="checkbox"/>	Femur
<input type="checkbox"/>	Cervical Spine	<input type="checkbox"/>	<input type="checkbox"/>	Orthopaedic Knees
<input type="checkbox"/>	Thoracic Spine	<input type="checkbox"/>	<input type="checkbox"/>	(Bil. Standing Views)
<input type="checkbox"/>	Lumbosacral Spine	<input type="checkbox"/>	<input type="checkbox"/>	Knee
<input type="checkbox"/>	Lumbar Spine & Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	Tibia & Fibula
<input type="checkbox"/>	Sacrum & Coccyx	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
<input type="checkbox"/>	S.I.Joints	<input type="checkbox"/>	<input type="checkbox"/>	Foot
<input type="checkbox"/>	Scoliosis Series	<input type="checkbox"/>	<input type="checkbox"/>	Calcaneus
<input type="checkbox"/>	Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Toes 1 2 3 4 5
<input type="checkbox"/>	Pelvis + Bilateral Hips	<input type="checkbox"/>	<input type="checkbox"/>	

ULTRASOUND (Appointment Required)

<input type="checkbox"/>	Abdomen/Pelvis	MUSCULOSKELETAL	
<input type="checkbox"/>	KUB	<input type="checkbox"/>	Shoulder
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Elbow
<input type="checkbox"/>	Abdominal Hernia	<input type="checkbox"/>	Wrist
<input type="checkbox"/>	Pelvis	<input type="checkbox"/>	Knee
<input type="checkbox"/>	Transvaginal	<input type="checkbox"/>	Achilles Tendon/Ankle
<input type="checkbox"/>	Transrectal/Prostate	<input type="checkbox"/>	Foot
<input type="checkbox"/>	Scrotal/Testes	<input type="checkbox"/>	Lumps & Bumps
<input type="checkbox"/>	Groin (Inguinal) R/L	OBSTETRIC	
<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	OB Dating (<18 Wks)
<input type="checkbox"/>	Soft Tissue Neck	<input type="checkbox"/>	OB Routine(18-20 Wks)
VASCULAR & CARDIAC		<input type="checkbox"/>	OB Routine(>30 Wks)
(Belleville and Cobourg)		<input type="checkbox"/>	OB High Risk
<input type="checkbox"/>	Arterial(Upper/Lower Extr.)	<input type="checkbox"/>	Biophysical Profile
<input type="checkbox"/>	Venous(Lower Extr.)	<input type="checkbox"/>	Nuchal Translucency
<input type="checkbox"/>	Carotid Doppler		

BREAST IMAGING (KENTE X-RAY ONLY) (Appointment Required)

Breast	R	L	Mammogram	R	L
Ultrasound:			<input type="checkbox"/> OBSP		
<input type="checkbox"/> Bilateral	<input type="radio"/> R	<input type="radio"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L	
<input type="radio"/> Symptoms (circle)			<input type="radio"/> Symptoms (circle)		
<input type="radio"/> Lump / Pain / Skin / Discharge			<input type="radio"/> Lump / Pain / Skin / Discharge		

CLINICAL:

Pregnant? YES / NO LMP _____ Init. _____

See back for map and instructions.
Please bring your health card.

Referring Doctor: _____

Address: _____

Tel/Fax: _____ Phy #: _____

Signature: _____

CC: Dr. _____

Phone/Fax: _____

Preparation Instructions for ULTRASOUND EXAMINATIONS

Please arrive 10 mins before your schedule appointment.

- ABDOMEN** - Nothing to drink or eat for 8 hours prior to examination.
- PELVIS, KUB AND OBSTETRIC** - 1½ hrs. prior to examination, start to drink 40 ounces (5 glasses) of water. This should be completed in 30 minutes. Patient must not empty the bladder until this examination is completed.
- COMBINED ABDOMEN AND PELVIS** - Fat free supper the night before (no fried food). Nothing to eat for 8 hours prior to examination. Approximately 1½ hrs. prior to the examination time, drink 40 ounces (5 glasses) of water. Do not empty your bladder until after examination.
- TRANSRECTAL/PROSTATE** - 2 hours before exam use 1 Dulcolax suppository (remove wrapper). Drink 5 glasses of water & do not empty your bladder until after examination.
- BREAST/THYROID/SCROTAL/MUSCULOSKELETAL/HERNIA** - No preparation required.
- BIOPHYSICAL PROFILE** - A full bladder is necessary for examination. Finish drinking 3-4 large glasses (24-32 Oz) of water 1 hour before the exam time. (Drink juice as your last glass of liquid). Please do not empty your bladder until after the exam. Eat normally.

24HR NOTICE IS REQUIRED FOR CANCELLATION / NO SHOW FEE(\$)

X-Rays - Appointment is required. • Ultrasound / Mammography - Appointment is required.

KENTE X-RAY & ULTRASOUND

Free Parking HOURS:
 Monday to Friday 8:30 a.m. to 5:00 p.m.
 Saturdays 9:00 a.m. to 4:00 p.m.

Entrance from outside only

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