Cobourg X-Ray and Ultrasound

The Fleming Building
1005 Elgin St W Suite #201,
Cobourg, ON, K9A 5J4
Phone: (289) 677 0117 Fax: (289) 677 0119
www.ctsrad.com

Must bring this form with you 24HR NOTICE IS REQUIRED FOR CANCELLATION / NO SHOW FEE ($)

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

ADDRESS: _____ Street # _____ Street _____ City _____ Postal code

DATE OF BIRTH: _____

TELEPHONE: _____

APPOINTMENT: _____

HEALTH CARD #: _____

VERBAL/STAT: ☐ _____

X-RAY (walk-in)

CHEST & ABDOMEN

- ☐ Chest PA & Lat
- ☐ R ☐ L Ribs + PA Chest
- ☐ Sternum
- ☐ K.U.B. (1 View)
- ☐ Acute (Abd Series)
- ☐ SC Joints

HEAD & NECK

- ☐ Skull
- ☐ Sinuses (Not covered by OHIP)
- ☐ Orbits
- ☐ Facial Bones
- ☐ Nasal Bone
- ☐ Mandible
- ☐ Soft Tissue Neck (Adenoids)
- ☐ T.M.Joints

SPINE & PELVIS

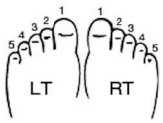
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbosacral Spine
- ☐ Lumbar Spine & Sacrum
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ Scoliosis Series
- ☐ Pelvis
- ☐ Pelvis + Bilateral Hips

R L UPPER EXTREMITIES

- ☐ ☐ Shoulder
- ☐ ☐ Clavicle
- ☐ ☐ A.C.Joints
- ☐ ☐ Scapula
- ☐ ☐ Humerus
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Wrist ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Hand & Wrist
- ☐ ☐ Hand for Bone Age
- ☐ ☐ Digit 1 2 3 4 5

R L LOWER EXTREMITIES

- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Orthopaedic Knees (Bil. Standing Views)
- ☐ ☐ Knee
- ☐ ☐ Tibia & Fibula
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Calcaneus
- ☐ ☐ Toes 1 2 3 4 5



ULTRASOUND (Appointment Required)

- ☐ Abdomen/Pelvis
- ☐ KUB
- ☐ Abdomen
- ☐ Abdominal Hernia
- ☐ Pelvis
- ☐ Transvaginal
- ☐ Transrectal/Prostate
- ☐ Scrotal/Testes
- ☐ Groin (Inguinal) R/L
- ☐ Thyroid
- ☐ Soft Tissue Neck

VASCULAR & CARDIAC (Belleville and Cobourg)

- ☐ Arterial (Upper Extr.)
- ☐ Arterial (Lower Extr.)
- ☐ Venous (Lower Extr.)
- ☐ Carotid Doppler

MUSCULOSKELETAL

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Knee
- ☐ Achilles Tendon/Ankle
- ☐ Foot
- ☐ Lumps & Bumps
- ☐ Hip

OBSTETRIC

- ☐ OB Dating (<18 Wks)
- ☐ OB Routine (18-20 Wks)
- ☐ OB Routine (>30 Wks)
- ☐ OB High Risk
- ☐ Biophysical Profile
- ☐ Nuchal Translucency

CLINICAL:

Pregnant? YES / NO LMP _____ Init. _____

Referring Doctor: _____

OHIP Billing Number: _____

Address: _____

Tel/Fax: _____ Phy #: _____

Signature: _____

CC: Dr. _____

Phone/Fax: _____

Kente X-Ray & Ultrasound
470 Dundas St E., Belleville, ON, K8N1G1
Phone: (613) 962 4226
Fax: (613) 962 1063

Belleville X-Ray & Ultrasound
150 Sidney St., Belleville, ON, K8P 5E2
Phone: (613) 969 0264
Fax: (613) 969 1662

Yonge Sheppard X-Ray & Ultrasound
4841 Yonge St, Suite 104, North York, ON M2N 5X2
Phone: (647) 483 1400
Fax: (647) 483 3813

Please bring your health card.

A requisition form from your physician can be taken to any licensed facility providing healthcare services including IHFs and hospitals, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

Preparation Instructions for

ULTRASOUND EXAMINATIONS

Please arrive 10 mins before your scheduled appointment.

- ☐ **ABDOMEN** - Nothing to drink or eat for 8 hours prior to examination.
- ☐ **PELVIS, KUB AND OBSTETRIC** - 1 ½ 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.
- ☐ **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.

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X-Rays - Walk in • Ultrasound - Appointment is required.

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