

# Yonge Sheppard X-Ray and Ultrasound

Yonge Sheppard Center  
4841 Yonge St, Suite 104 (Upper Level of Mall)  
North York, ON, M2N 5X2  
Phone: (647) 483 1400 Fax: (647) 483 3813  
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)

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street # Street City Postal code

APPOINTMENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

VERBAL/STAT:  \_\_\_\_\_

## X-RAY (walk-in)

### CHEST & ABDOMEN

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

### HEAD & NECK

- Skull
- Sinuses
- 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

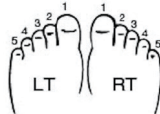
### UPPER EXTREMITIES

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



### 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
- Abdoinal Hernia
- Pelvis
- Transvaginal
- Transrectal/Prostate
- Scrotal/Testes
- Groin (Inguinal) R/L
- Thyroid
- Soft Tissue Neck

### VASCULAR & CARDIAC (Belleville and Cobourg)

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

### MUSCULOSKELETAL

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

### OBSTETRIC

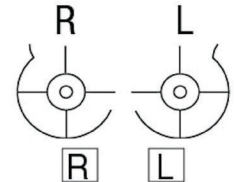
- OB Dating (<18 Wks)
- OB Routine (18-20 Wks)
- OB Routine (>30 Wks)
- OB High Risk
- Biophysical Profile
- Nuchal Translucency

## BREAST IMAGING (Appointment Required)

Breast Ultrasound:

- Unilateral  R  L
- Bilateral
- Symptoms (circle)

Lump / Pain / Skin / Discharge



Referring Doctor: \_\_\_\_\_

OHIP Billing Number: \_\_\_\_\_

Address: \_\_\_\_\_

Tel/Fax: \_\_\_\_\_ Phy #: \_\_\_\_\_

Signature: \_\_\_\_\_

CC: Dr. \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

### CLINICAL:

Pregnant? YES / NO LMP \_\_\_\_\_ Init. \_\_\_\_\_

### Kente X-Ray & Ultrasound

470 Dundas St E., Belleville, ON, K8N1G1  
(613) 962 4226

### Belleville X-Ray & Ultrasound

150 Sidney St., Belleville, ON, K8P 5E2  
(613) 969 0264

### Cobourg X-Ray & Ultrasound

52 King St. West, Cobourg, ON K9A 2L9  
(289) 677 0117

**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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