



50 and COTTRELLE (Next to Shoppers Drug Mart)
X-RAY, ULTRASOUND & CARDIOLOGY CENTRE
 3938 Cottrelle Blvd Unit 11
 Brampton, ON L6P 1T8
 Ph: (905) 913-9191
 Fax: (905) 913-6969

WOODBRIAGE MALL
X-RAY, ULTRASOUND & CARDIOLOGY CENTRE
 7766 Martingrove Road Unit 7
 Woodbridge, ON L4L 2C7
 Ph: (905) 265-0002 | (905) 913-9191
 Fax: (905) 265-0008

FREE PARKING **FEMALE TECHNOLOGISTS AVAILABLE**

PATIENT INFORMATION:

CLINICAL INFORMATION:

DIGITAL X-RAY EXAMINATIONS (No Appointment)

<p>ABDOMEN</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Acute</p> <p>HEAD & NECK</p> <p><input type="checkbox"/> Neck for Soft Tissues <input type="checkbox"/> Skull <input type="checkbox"/> Sella Turcica <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nose <input type="checkbox"/> Mandible <input type="checkbox"/> T.M. Joints <input type="checkbox"/> Mastoids <input type="checkbox"/> Orbits</p> <p>CHEST</p> <p><input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> Chest PA <input type="checkbox"/> Ribs <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> Sterno Clavicular Jts <input type="checkbox"/> Sternum</p>	<p>SPINE & PELVIS</p> <p><input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Sacrum / Coccyx <input type="checkbox"/> S.I. Joints <input type="checkbox"/> Pelvis <input type="checkbox"/> Pelvis & Hips <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> Pelvis & S.I. Joints</p> <p>LOWER EXTREMITIES</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Hip <input type="checkbox"/> L <input type="checkbox"/> R Femur <input type="checkbox"/> L <input type="checkbox"/> R Knee <input type="checkbox"/> L <input type="checkbox"/> R Tibia-fibula <input type="checkbox"/> L <input type="checkbox"/> R Ankle <input type="checkbox"/> L <input type="checkbox"/> R Foot <input type="checkbox"/> L <input type="checkbox"/> R Toe 1 2 3 4 5 <input type="checkbox"/> L <input type="checkbox"/> R Os Calcis</p>	<p>UPPER EXTREMITIES</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Clavicle <input type="checkbox"/> L <input type="checkbox"/> R A C Joints <input type="checkbox"/> L <input type="checkbox"/> R Shoulders <input type="checkbox"/> L <input type="checkbox"/> R Scapula <input type="checkbox"/> L <input type="checkbox"/> R Humerus <input type="checkbox"/> L <input type="checkbox"/> R Elbow <input type="checkbox"/> L <input type="checkbox"/> R Forearm <input type="checkbox"/> L <input type="checkbox"/> R Wrist <input type="checkbox"/> L <input type="checkbox"/> R Scaphoid <input type="checkbox"/> L <input type="checkbox"/> R Hand <input type="checkbox"/> L <input type="checkbox"/> R Other _____ Digit 1 2 3 4 5</p> <p>SKELETAL SURVEY</p> <p><input type="checkbox"/> Arthritic Series <input type="checkbox"/> Scoliosis Series <input type="checkbox"/> Bone Age <input type="checkbox"/> Metabolic Series</p>	<p>CLINIC USE ONLY</p> <p>CARDIAC CONSULTATION</p> <p>First Available Consultant</p> <p><input type="checkbox"/> Dr. G. Kumar <input type="checkbox"/> Dr. B. Nicoletta <input type="checkbox"/> Dr. D. Ng <input type="checkbox"/> Dr. M. Vajid</p>
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DIGITAL ULTRASOUND EXAMINATIONS (By Appointment Only)

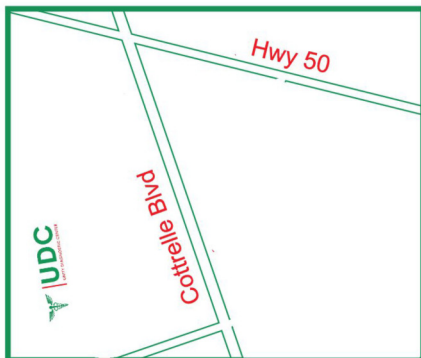
<p>GENERAL</p> <p><input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Renal + Bladder <input type="checkbox"/> PVR-Post Void Residual <input type="checkbox"/> Pelvis: <small>(includes transvaginal unless contraindicated)</small> <input type="checkbox"/> Pelvis: (exclude transvaginal) <input type="checkbox"/> Transvaginal <input type="checkbox"/> Abdominal Wall <input type="checkbox"/> Prostate-Transrectal <input type="checkbox"/> Testicular / Scrotum <input type="checkbox"/> Aorta <input type="checkbox"/> Inguinal Canal/Hernia</p> <p>NECK</p> <p><input type="checkbox"/> Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> Parotid Glands</p> <p>BREAST</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both</p>	<p>OBSTETRICAL</p> <p><input type="checkbox"/> OB Dating (<16wks) <input type="checkbox"/> IPS/eFTS (NT) (11-13 wks) <input type="checkbox"/> OB Routine Anatomy Scan (18-20wks) <input type="checkbox"/> Biophysical Profile (>30wks) <input type="checkbox"/> OB High Risk <input type="checkbox"/> OB Follow Up</p> <p>MUSCULOSKELETAL</p> <p><input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Hamstring <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Achilles Tendon <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Ankle <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Other Muscle Area <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B Other Soft Tissue</p>	<p>CARDIAC TESTING</p> <p><input type="checkbox"/> ECG/EKG <input type="checkbox"/> 2D COLOUR DOPPLER ECHOCARDIOGRAM <input type="checkbox"/> STRESS ECHOCARDIOGRAM <input type="checkbox"/> STRESS EXERCISE TEST (GXT) <input type="checkbox"/> HOLTER MONITOR <input type="checkbox"/> 48HRS <input type="checkbox"/> 72HRS <input type="checkbox"/> TWO WEEK HOLTER MONITOR <input type="checkbox"/> EVENT MONITORING (LOOP RECORDING)</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p style="text-align: center; color: red;">Declare that I am not pregnant</p> <p style="text-align: center;">_____</p> </div>
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REFERRED BY:	COPY TO:
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INSTRUCTIONS FOR ULTRASOUND AND OTHER IMAGINGS:

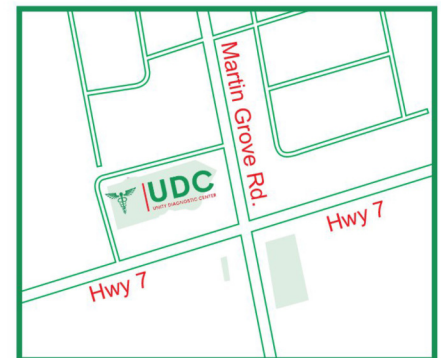
- 1) **Abdomen:** If your appointment is in the morning, do not eat or drink anything after 8pm the night before. If your appointment is in the afternoon, for breakfast you may eat dry toast, black tea, black coffee juice up to 9am. Nothing to eat or drink after that.
- 2) **Pelvic:** Drink 32oz./1 litre (large glasses) of clear fluids (coffee, tea, juice, water etc - not milk) ONE hour before your appointment time. DO NOT VOID. Full bladder is necessary. No Fasting required
- 3) **Abdomen & Pelvis:** Do NOT eat 8 hours prior to the appointment. Finish drinking 32 oz. (1Litre) of water, and ONLY water one hour before appointment. DO NOT VOID. Full bladder is necessary.
- 4) **Prostate:** 2 hours before exam, use 1 Dulcolax Suppository (remove wrapper) or 1 Fleet enema. Drink 32 oz. (1 Liter) of water one hour before appointment. DO NOT VOID.
- 5) **Pregnancy:** One hour before exam, drink the required amount of water.
under 12 weeks: 4 cups (32 oz or 1 Liter), 12-24 weeks,: 3 cups (24 oz), over 24 weeks 2 cups (16 oz)
- 6) **Mammography & Breast U/S::** On day of exam, after showering do not use deodorant, antiperspirant, or talcum powder on chest or underarms, since particles in these may show up on monogram.
- 7) **Bone Density:** On day of exam, after showering do not use deodorant, antiperspirant, or talcum powder on chest or underarms, since particles in these may show up on monogram.
- 8) No preparation required for Neck, Thyroid, Scrotal, Musculoskeletal or Vascular Ultrasound.:

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