



Name	D.O.B.	Sex M F	Health No. & V.C.
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Address:	Tel:
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CD	STAT	VERBAL	X-RAY (NO APPOINTMENT REQUIRED)	ULTRASOUND EXAMINATION
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ontario breast screening program
a cancer care ontario program

BREAST IMAGING
(BY APPOINTMENT ONLY)

MAMMOGRAPHY
BREAST ULTRASOUND

Right Left Bilateral

R  L 

BONE DENSITY
(BY APPOINTMENT ONLY)

Baseline
Low Risk - 5 yr
3 yr - First follow up
High Risk - 1 yr

VASCULAR ULTRASOUND
(BY APPOINTMENT ONLY)

Renal

Carotid

Arterial Extremity

ARM L R B
LEG L R B

Venous Extremity

ARM L R B
LEG L R B

ABDOMEN
Single view (KUB)
Acute (includes Chest PA)

HEAD & NECK
Skull
Soft Tissue of Neck
Nasal Bones
Facial Bones
Mandible
T.M. Joints
Orbits

CHEST
Chest (PA & LAT)
Ribs L R B
(Includes Chest PA)
Sternum
S.C. Joints

UPPER EXTREMITIES
L R Shoulder
L R Clavicle
B A.C. Joints
L R Scapula
L R Humerus
L R Elbow
L R Forearm
L R Wrist
L R Scaphoid

L R Hand
L R Finger
N° 1 2 3 4 5

SKELETAL SURVEY
Metastatic Series
Arthritic Series
Metabolic Series
Bone Age

LOWER EXTREMITIES
L R Hip
L R Femur
L R Knee
L R Tib & Fib
L R Ankle
L R Foot
L R Calcaneus
L R Toes - N° 1 2 3 4 5

SPINE & PELVIS
Cervical Spine
Thoracic Spine
Lumbo-Sacral Spine
L/S Spine, Pelvis
& S.I. Joints
Sacrum & Coccyx
S.I. Joints
AP Pelvis
Pelvis & Hip L R B
Scoliosis Series

GENERAL
Abdomen
Renal + Bladder
PVR-Post Void Residual
Abdomen & Pelvis
(Includes transvaginal unless contraindicated)
Pelvis: (includes transvaginal unless contraindicated)
Pelvis: (exclude transvaginal)
Abdominal Wall
Prostate-Transrectal
Testicular / Scrotum
Transvaginal
Aorta
Inguinal Canal/Hernia

NECK
Thyroid Neck mass
Salivary Glands

OBSTETRICAL
OB Dating (<16wks)
IPS (NT) (11-13 wks, 6 days)
OB Routine Anatomy Scan (18-20wks)
Biophysical Profile (> 30wks)
OB High Risk
OB Follow Up

HYSTEROSONOGRAM

MUSCULOSKELETAL
L R B Hip
L R B Hamstring
L R B Knee
L R B Achilles Tendon
L R B Ankle
L R B Foot
L R B Shoulder
L R B Elbow
L R B Wrist
L R B Other Muscle Area
L R B Other Soft Tissue

I DECLARE THAT I AM NOT PRESENTLY PREGNANT _____
SIGNATURE

XRAY
ULTRASOUND
BMD
MAMMOGRAPHY
VASCULAR

MD: _____
CC: _____

CLINICAL INFORMATION REQUIRED:

DR's OFFICE STAMP

DOCTOR, PLEASE PRINT YOUR NAME AS WELL

X-RAY • MAMMOGRAPHY • ULTRASOUND • VASCULAR ULTRASOUND • BMD

Cancellation should be made 24 hours before appointment.

MAMMOGRAPHY PREPARATIONS

NO POWDER OR DEODORANT

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- FAST FOR 8 HOURS, EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE EXCEPT WATER
- DO NOT EAT BREAKFAST

PELVIS ULTRASOUND (ALL TYPES)

- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

NO PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

ALL BARIUM STUDIES

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS: DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH
- FOR 12/18 WEEKS/FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH

NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

PROSTATE -TRANSRECTAL ULTRASOUND

- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- DO NOT VOID

HYSTEROSONOGRAM

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- OCCASIONALLY, PATIENT MIGHT EXPERIENCE SOME CRAMPING DURING OR AFTER HYSTEROSONOGRAM. SHE MAY TAKE 1-2 TABLETS OF IBUPROFEN (TYLENOL OR ADVIL) 1 HOUR BEFORE OR AFTER THE PROCEDURE.