X-Ray 365

(aka) Queensway X-Ray & Ultrasound

Website www.xray365.ca | Text/Call 905-897-6970 | Fax 289-722-2023 | E-mail reception@xray365.ca

Suite 107-21 Queensway West, Mississauga, ON, L5B 1B6

• OPEN EVERYDAY (7 DAYS A WEEK) • FEMALE TECHNOLOGISTS AVAILABLE • FREE PARKING

PLEASE BRING THIS FORM AND YOUR HEALTH CARD ON THE APPOINTMENT DATE

PATIENT LAST NAME	FIRST NAME	DATE
HEALTH CARD NUMBER	DATE OF BIRTH	TELEPHONE/CELL
PATIENT'S ADDRESS:		

WOMEN IMAGING

COMPLETE BREAST IMAGING

☐ MAMMOGRAPHY (Bilateral) + ULTRASOUND (Bilateral)

TARGETED BREAST IMAGING

L R

☐ MAMMOGRAPHY

☐ BREAST ULTRASOUND

(B) ☐ (L) ☐ (R) ☐

NOTE: Bilateral breast ultrasound is NOT used for screening purposes. Mammogram is recommended by CAR.

APPOINTMENT DETAILS

Day_____

Date_____

Time_____

- **I DECLARE THAT I AM NOT CURRENTLY PREGNANT. (For X-Rays)**
- **24 hr notice required to cancel appointment or $40 charge**

Y I am able to come on short notice N

- I consent to appts, results status & referrals being disclosed by phone, text or e-mail provided.
- I Agree that it is my (patient) responsibility to follow up on test results with a physician in reasonable amount of time.

Signature: _____

X-RAY *(No Appt. Required)*

SPINE & PELVIS XR

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ L/S Spine, Pelvis & S.I. Joints
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis & Both Hips
- ☐ Pelvis & L Hip
- ☐ Pelvis & R Hip
- ☐ Pelvis & S.I. Joints

UPPER EXTREMITIES XR

- L R Shoulder
- L R Clavicle
- L R 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
- L R Soft Tissue (upper extremity)

HEAD & NECK XR

- ☐ Skull
- ☐ Sinuses
- ☐ Soft Tissues of Neck
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits
- ☐ Mastoids

LOWER EXTREMITIES XR

- L R Hip
- L R Femur
- L R Knee
- L R Ankle
- L R Tib & Fib
- L R Foot
- L R Calcaneus
- L R Toes N° 1 2 3 4 5
- L R Soft Tissue (lower extremity)

CHEST XR

- ☐ Chest (PA & Lat)
- ☐ L R Ribs
- ☐ Sternum ☐ S.C. Joints

ABDOMEN XR

- ☐ 3 Views
- ☐ Single view (KUB)

BONE DENSITY

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

OTHER TESTS

☐ X-ray ☐ Ultrasound

_____

ULTRASOUND *(By Appt. Only)*

PELVIC U/S

- ☐ **Pelvis & Abdomen Complete** (includes transvaginal unless contraindicated)
- ☐ **Pelvis + TV Complete** (unless contraindicated)
- ☐ **Pelvis Complete**
- ☐ **Pelvis Limited**
  - ☐ Bladder
  - ☐ Prostate Transabdominal
- ☐ **(Prostate Transrectal+Transabdominal)**
- ☐ **Transvaginal**
- ☐ **Renal + Bladder**
- ☐ **PVR- Post Void Residual**
- ☐ **Testes/Scrotum**

PREGNANCY U/S

- ☐ **OB Dating (< 16 wks)**
- ☐ **OB Routine (18-20 wks)**
- ☐ **OB Routine (> 20 wks)**
- ☐ **IPS/EFTS (NT) (11-13 wks, 6 days)**
- ☐ **OB High Risk**
- ☐ **Biophysical Profile (>30 wks)**
- ☐ **Fetal Position**

ABDOMEN U/S

- ☐ **Abdomen & Pelvis Complete** (includes transvaginal unless contraindicated)
- ☐ **Abdomen Complete**
- ☐ **Abdomen Limited**
  - ☐ Liver
  - ☐ Pancreas
  - ☐ Spleen
  - ☐ Appendix
  - ☐ Kidneys
  - ☐ Abdominal wall
  - ☐ Other: _____
- ☐ **Inguinal Canal/ Hernia**
- ☐ **Groin**

CHEST U/S

- ☐ Wall Mass
- ☐ Pleural E.
- ☐ Aorta

NECK U/S

- ☐ Neck & Face
- ☐ Thyroid
- ☐ Salivary Glands

L R MUSCULOSKELETAL U/S

- ☐ ☐ **Hip**
- ☐ ☐ **Hamstring**
- ☐ ☐ **Knee**
- ☐ ☐ **Achilles Tendon**
- ☐ ☐ **Ankle**
- ☐ ☐ **Foot**
- ☐ ☐ **Shoulder**
- ☐ ☐ **Elbow**
- ☐ ☐ **Wrist**
- ☐ ☐ **Other**

Tech._____

CLINICAL INFORMATION

☐ STAT

MD: _____

Name Signature Billing#

By signing this, the physician confirms that they have educated the patient and it is totally the patient's responsibility to make sure they follow up with a physician for the results to the above tests.

This requisition form can be taken to any licensed facility providing diagnostic imaging services including hospitals and IHFs.

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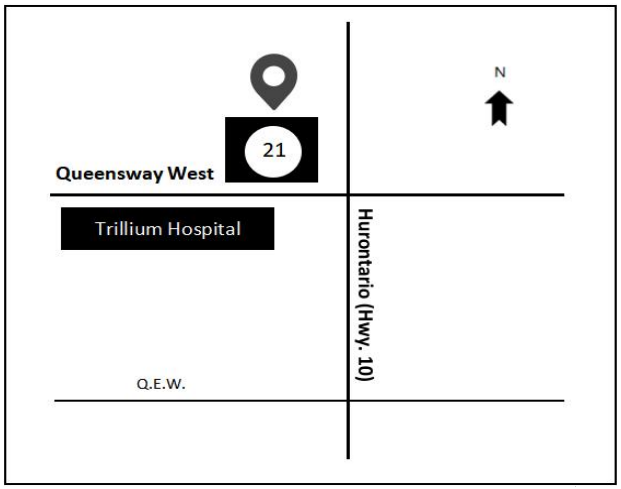
OPEN EVERYDAY

"X-Rays when you need them"

Address

Suite 107-21 Queensway West
Mississauga, ON
L5B 1B6



P Free

INSTRUCTIONS

MAMMOGRAPHY

- Do **NOT** wear any deodorant, body powder or perfume on the day of the exam
- Wear a two piece outfit
- Remove all jewellery above the waist
- To reduce breast tenderness you may choose to reduce caffeine intake 1-2 weeks before the appointment

ABDOMEN ULTRASOUND

- Nothing to eat or drink for eight (8) Hours before the appointment

PELVIC OR OBSTRETICAL ULTRASOUND

- Starting three (3) hours before the test, drink five (5) large glasses of water (35-40oz.) to be finished one (1) hour before the test
- Do **NOT** empty your bladder (i.e. Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again)

ABDOMEN AND PELVIC ULTRASOUND

- Nothing to eat for eight (8) hours before the appointment
- Please finish drinking five (5) large glasses of water one (1) hour before the appointment
- Do **NOT** empty your bladder (i.e. Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again)

TRANSRECTAL PROSTATE ULTRASOUND

- Self-administer a Fleet Enema two (2) hours before the appointment
- You can purchase the Fleet Enema from any pharmacy
- Then drink five (5) large glasses of water and finish them at least one (1) hour before the appointment
- Do **NOT** empty your bladder (i.e Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again.