



ELITE DIAGNOSTICS & IMAGING ASSOCIATES

X-RAY AND ULTRASOUND

Tel: 905-454-3305 Fax: 905-459-9110

Queen Lynch Medical Centre
157 Queen St. East, Lower Level
Brampton, L6W 3X4
(On Queen St. between Kennedy Rd.
and Centre St.) **FREE PARKING**

Patient Name: _____

D.O.B.: _____ H.I.N.: _____ V.C.: _____

Telephone: _____ Gender: M F

YOUR APPOINTMENT

DATE: _____

TIME: _____

X-Ray-No appointment necessary

Abdomen

- Plain Film (K.U.B.)
- Acute (3 views)

Head & Neck

- Skull
- Sinuses
- Adenoids
- Soft Tissues of Neck
- Pit. fossa
- Mastoids
- I.A. Meati
- Facial Bones
- Nasal Bones
- Orbits
- Mandible
- T.M. Joints

Tech Notes / Exposure

Chest

- Chest
- Chest Visa
- Ribs & Chest PA
- Sternum
- Sterno-Clavicular Joints
- Thoracic Inlet

Spine & Pelvis

- Cervical Spine
- Dorsal Spine
- Scoliosis Series
- Lumbo-Sacral Spine
- L/S Spine, Pelvis & S.I. Joints
- Sacrum & Coccyx
- S.I. Joints
- Pelvis & Hip
- Pelvis

Skeletal Survey

- Metastatic Series
- Arthritic Series

Upper Extremities

- Shoulder
- Clavicle
- A.C. Joints
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Hand & Wrist
- Finger No. T 2 3 4 5



Lower Extremities

- Hip
- Femur
- Knee
- Tib & Fib
- Ankle
- Ankle inv. Stress Views
- Foot
- Os Calcis
- Toes No. 1 2 3 4 5

ULTRASOUND - Appointment Only

- Abdomen & Pelvis
- Pelvis
- Transabdominal
- Transvaginal
- Kidneys & Urinary Bladder (pre/post void bladder vol.)
- Male Pelvic / Prostate Study
- Abdomen
 - ___ G.B. ___ Liver
 - ___ Pancreas ___ Spleen
 - ___ Kidneys ___ Vessels
- Appendix
- Thyroid
- Chest
- Neck ___ Wall mass ___ Pleural effusion
- Obstetrical
 - ___ Obstetrical Series (IPS & anatomical survey)
 - ___ Nuchal translucency (11-14 wks)
 - For IPS (please provide paperwork)
 - ___ <16 weeks ___ >17 weeks Twins
 - ___ Biophysical Profile
 - ___ Complications
- Superficial Mass _____
- Hernia: Site _____
- Soft Tissue _____
- Testes/Scrotum

Clinical History

Verbal

I DECLARE I AM NOT PREGNANT

Signature: _____

MSK ULTRASOUND - Appointment Only

Upper Body

- Shoulder L R
- Elbow L R
- Hand L R
- Wrist L R
- Other _____

Lower Body

- Hip L R
- Leg L R
- Knee L R
- Foot L R
- Ankle L R

REFERRING PHYSICIAN INFORMATION

Referring Physician Signature: _____ Physician Name: _____

Billing #: _____ CC Physician: _____

Patient Instructions

X-RAY

No preparation required; walk-in.

ULTRASOUND

Abdomen: Nothing to eat or drink after midnight.
NO BREAKFAST, NO WATER, NO GUM OR CANDY

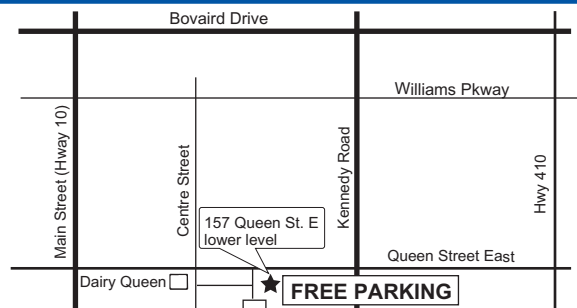
Abdomen Plus Pelvis: Do not eat after midnight, follow instruction for Pelvic Ultrasound

Obstetrical, Pelvis, Kidneys/Bladder: Full bladder is required for this examination.
Drink 5 large glasses (40 oz. or 1.3 litres) to be finished 1 hour before examination.
Please DO NOT empty bladder after drinking.

***24-HR Cancellation notice required. Please bring your health card and this requisition form.**

HOURS OF OPERATION

Mon - Thurs.: 8 - 7 pm
Friday: 8 - 6 pm
Saturday: 8 - 3 pm



Peel Memorial Hospital