

# Correctional Centre



Toll Free Tel: 1-800-268-5804  
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 www.stlimaging.ca

FACILITY (NO ABBREVIATIONS)		CITY / TOWN		PHONE NUMBER										
OTIS # (OFFENDER TRACKING INFORMATION SYSTEM)			UNIT/POD											
PATIENT'S LAST NAME		PATIENT'S FIRST NAME		SEX F   M										
HEALTH NUMBER		VERSION CODE		DATE OF BIRTH DD   MM   YY										
MOBILE X-RAY			MOBILE ULTRASOUND (For preparation see over)											
<input type="checkbox"/> CHEST <input type="checkbox"/> RIBS <span style="float: right;">L R</span> <input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> THORACIC SPINE <input type="checkbox"/> LUMBAR SPINE <input type="checkbox"/> SACRUM / COCCYX <input type="checkbox"/> SI JOINTS <input type="checkbox"/> PELVIS & HIPS <span style="float: right;">L R</span> <input type="checkbox"/> ABDOMEN-VIEWS 1 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> SKULL <input type="checkbox"/> FACIAL BONES <input type="checkbox"/> NASAL BONES <input type="checkbox"/> ORBITS <input type="checkbox"/> MANDIBLE			<input type="checkbox"/> CLAVICLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> AC JOINTS <input type="checkbox"/> HUMERUS <input type="checkbox"/> ELBOW <input type="checkbox"/> FOREARM <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> _____ FINGERS <input type="checkbox"/> FEMUR <input type="checkbox"/> KNEE <input type="checkbox"/> TIB-FIB <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT <input type="checkbox"/> _____ TOE <input type="checkbox"/> OTHER _____			<input type="checkbox"/> ABDOMEN <input type="checkbox"/> PELVIS <input type="checkbox"/> TRANSVAGINAL <input type="checkbox"/> SCROTUM <input type="checkbox"/> GROIN (Hernia) <input type="checkbox"/> THYROID <input type="checkbox"/> NECK <input type="checkbox"/> SALIVARY GLAND Site _____ <input type="checkbox"/> BREAST <span style="float: right;">L R</span> <input type="checkbox"/> OTHER _____ _____			<b>DOPPLER</b> <input type="checkbox"/> VENOUS ARMS <span style="float: right;">L R</span> <input type="checkbox"/> VENOUS LEGS <span style="float: right;">L R</span> <input type="checkbox"/> ARTERIAL LEGS <span style="float: right;">L R</span> <input type="checkbox"/> ARTERIAL ARMS <span style="float: right;">L R</span> <input type="checkbox"/> CAROTID <input type="checkbox"/> LUMP / MASS Site _____			<b>OBSTETRICAL</b> <input type="checkbox"/> NUCHAL TRANSLUCENCY (eFTS) <input type="checkbox"/> 1ST TRIMESTER (Dating) <input type="checkbox"/> ANATOMICAL SURVEY <input type="checkbox"/> 3RD TRIMESTER		
<p><b>* CLINICAL INFORMATION *</b> <span style="float: right;"><b>THIS SECTION MUST BE COMPLETED IN FULL BEFORE EXAMINATION.</b></span></p> <p>REASON FOR EXAMINATION (RELEVANT HISTORY):</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>														
REQUISITIONING MEDICAL PRACTITIONER / RNEC & OHIP NO.			UNIT NO. & EXT.											
PHYSICIAN'S / RNEC'S SIGNATURE			DATE	DAY	MO									
X														
			YEAR											

## Ultrasound Preparation for Correctional Facilities

### ABDOMEN

- **For Morning Appointments:**
  - NPO after midnight the night before scheduled appointment date until the ultrasound is completed.
- **For Afternoon Appointments:**
  - The day of the scheduled ultrasound the patient is to be on a RESTRICTED DIET until the ultrasound is completed.
    - **DIET CONTAINING:**
      - NO MEAT
      - NO FAT
      - NO DAIRY
  - Clear fluids only to be served with meals

### ABDOMEN & PELVIS

- Restricted Diet (see above) with addition of a full bladder.
- Patient will need to drink 32oz (approximately 1 litre) prior to the technologist's arrival.
- Technologist will call and advise of the time to have the patient start drinking. The patient should be instructed not to void until the exam is completed (understandably, at times this may be difficult)

### ALL OTHER EXAMS

- No preparation is needed

### TRANSVAGINAL EXAMS

- Signed consent is required prior to the scheduling of this procedure. The technologist will discuss the procedure with the patient prior to the exam. The patient will then be presented with a consent form that they will need to fill out and sign prior to the exam. The technologist will have the forms with them; they do not need to be filled out in advance. Please note Verbal consent cannot be accepted.