DIAGNOSTIC StL IMAGING

Telephone: 1-800-268-5804
Toll Free Fax: 1-855-374-3497
www.stlimaging.ca

HOME NAME (NO ABBREVIATIONS)	PHONE NUMBER

ADDRESS FOR SERVICE	UNIT NAME / ROOM #

PATIENT'S LAST NAME	PATIENT'S FIRST NAME	SEX
		F M

HEALTH NUMBER	VERSION CODE	DATE OF BIRTH DD MM YY

☐ **Receiving Ontario Health atHome (Formerly HCCSS)**

MOBILE X-RAY

☐ CHEST
☐ RIBS L R

☐ ABDOMEN VIEWS* 1 ☐ 3 ☐

☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMBAR SPINE*
☐ SACRUM / COCCYX*
☐ SI JOINTS*

☐ PELVIS & HIPS* L R
☐ FEMUR L R
☐ KNEE L R
☐ TIB-FIB L R
☐ ANKLE L R
☐ CALCANEUS L R
☐ FOOT L R
☐ _____ TOE L R

☐ SKULL
☐ FACIAL BONES
☐ NASAL BONES
☐ ORBITS
☐ MANDIBLE
☐ CLAVICLE L R
☐ SHOULDER L R
☐ AC JOINTS L R
☐ HUMERUS L R
☐ ELBOW L R
☐ FOREARM L R
☐ WRIST L R
☐ HAND L R
☐ _____ DIGITS L R

(*Weight Restrictions 90 KG/200 LB)

MOBILE ULTRASOUND

☐ ABDOMEN
☐ ABDOMEN LIMITED
_____
☐ ABDOMEN/PELVIS
☐ PELVIS
☐ SCROTUM
☐ GROIN (Hernia)
☐ THYROID
☐ NECK
☐ SALIVARY GLAND
Site _____

DOPPLER

☐ VENOUS ARMS L R
☐ VENOUS LEGS L R
☐ ARTERIAL LEGS L R
☐ ARTERIAL ARMS L R
☐ CAROTID L R

☐ LUMP / MASS
Site _____

☐ OTHER
_____
_____
_____

(Prep on Reverse)

CLINICAL INFORMATION
REASON FOR EXAMINATION - (RELEVANT MEDICAL HISTORY)

INFECTION CONTROL PRECAUTIONS ☐ YES ☐ NO

☐ **URGENT**

MEDICAL PRACTITIONER / RNEC	OHIP BILLING NO.	UNIT NAME & EXT.
Please print First Name Last Name		

PHYSICIAN'S / RNEC'S SIGNATURE	DATE DD MM YY
X	

ULTRASOUND PREPARATION

Preparation Instructions for Mobile Ultrasound Services

Abdomen

- Modified Diet containing NO MEAT, FAT, OR DAIRY on day of exam until completed.
- Clear fluids only to be served with meals
- Patients may take all medication as required with a small amount of water

Abdomen and Pelvis

- Restricted Diet (see above) in addition to a full bladder
- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- The mobile technologist will call the day before to advise of when to start drinking water. Do not void until the sonographer instructs you to do so (understandably this may be difficult at times so best efforts are encouraged)
- Take usual medication with water

Pelvis

- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination for Pre and Post Void studies.
- The mobile technologist will call the day before to advise of when to start drinking water. Do not void until the sonographer instructs you to do so (understandably this may be difficult at times so best efforts are encouraged)

All Other Exams

- No preparation is needed

**Please note examinations requiring the above preparations may not all be completed prior to lunch. The directions provided will need to be followed for the duration of the scheduled appointment date.*

**Our professional mobile staff will call the day prior to notify you of the time frame in which to expect arrival for service so that you can be informed and prepared.*

**In all circumstances, collaborative efforts to work together with support staff and healthcare teams to successfully complete exams are appreciated.*