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
X	DD MM YY

ULTRASOUND PREPARATION

ABDOMEN

- **MODIFIED DIET CONTAINING:**
  - **NO MEAT**
  - **NO FAT**
  - **NO DAIRY**
- **The day of the scheduled ultrasound until the ultrasound is completed.**
- **Clear fluids only to be served with meals.**
- **Patients can take all medication as required.**

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.)**

PELVIS

- **Please drink 32 oz of water one hour prior to exam for Pre and Post Void Studies.**

ALL OTHER EXAMS

- **No preparation is needed.**

Please note examinations requiring 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.

Scheduled technologist will notify you of the time frame in which to expect service.