

X-RAY ASSOCIATES

www.xrayassociates.org



PATIENT INFORMATION

PATIENT'S LAST NAME _____ FIRST NAME _____

ADDRESS _____ TELEPHONE _____

HEALTH CARD NUMBER _____ VERSION CODE _____ DATE OF BIRTH DD MM YY SEX _____

1. Missed appointments, not cancelled with at least 24 hour prior notice, may result in a \$50.00 patient charge.
2. You must bring a completed Requisition Form and Health Card for your exam.
3. You must be on time for your appointment or your exam may be rebooked.

REFERRING PHYSICIAN

CLINICAL INFORMATION REQUIRED –

APPT DATE _____ TIME _____

PHYSICIAN'S STAMP or PRINT NAME _____

PHYSICIAN'S SIGNATURE (REQUIRED) _____


DATE _____

COPY TO _____

VERBAL

CONTACT NUMBER _____

X-RAY - AURORA, NEWMARKET, HARDING, VAUGHAN (NO APPOINTMENT NEEDED)

- | | | |
|---|--|---|
| <p>CHEST</p> <p><input type="checkbox"/> CHEST PA</p> <p><input type="checkbox"/> CHEST PA & LAT</p> <p><input type="checkbox"/> STERNUM</p> <p><input type="checkbox"/> STER.-CLAV.JTS</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> RIBS & CHEST PA</p> <p>ABDOMEN</p> <p><input type="checkbox"/> KUB (1 View)</p> <p><input type="checkbox"/> ACUTE (2 Views)</p> <p>SPINE & PELVIS</p> <p><input type="checkbox"/> CERVICAL SPINE</p> <p><input type="checkbox"/> THORACIC SPINE</p> <p><input type="checkbox"/> LUMBO-SACRAL (LS)</p> <p><input type="checkbox"/> THOR-LUMB (T9-L3)</p> <p><input type="checkbox"/> SCOLIOSIS</p> <p><input type="checkbox"/> SACRUM & COCCYX</p> <p><input type="checkbox"/> S.I. JOINTS</p> <p><input type="checkbox"/> PELVIS</p> | <p>LOWER EXTREMITIES</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> HIP</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> FEMUR</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> KNEE</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> TIBIA & FIBULA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> ANKLE</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> FOOT</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> CALCANEUS</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> TOES</p> <p>NO. 1 2 3 4 5</p> <p>UPPER EXTREMITIES</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> SHOULDER</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> CLAVICLE</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> A.C. JOINTS</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> SCAPULA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> HUMERUS</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> ELBOW</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> FOREARM</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> HAND & WRIST</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> WRIST</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> SCAPHOID</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> HAND</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> DIGITS (Specify)</p> | <p>HEAD & NECK</p> <p><input type="checkbox"/> SKULL</p> <p><input type="checkbox"/> SINUSES</p> <p><input type="checkbox"/> MASTOIDS</p> <p><input type="checkbox"/> ORBITS</p> <p><input type="checkbox"/> FACIAL BONES</p> <p><input type="checkbox"/> NASAL BONES</p> <p><input type="checkbox"/> MANDIBLE</p> <p><input type="checkbox"/> T.M. JOINTS</p> <p><input type="checkbox"/> ADENOIDS</p> <p><input type="checkbox"/> SOFT TISSUE NECK</p> <p>SKELETAL SURVEY</p> <p><input type="checkbox"/> ARTHRITIC</p> <p><input type="checkbox"/> METASTATIC</p> <p><input type="checkbox"/> BONE AGE</p> |
|---|--|---|
- 

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN (APPOINTMENT REQUIRED)

- | | |
|---|---|
| <p>OBSTETRICAL</p> <p><input type="checkbox"/> NUCHAL TRANSLUCENCY (12-13 Weeks)</p> <p><input type="checkbox"/> < 16 WEEKS</p> <p><input type="checkbox"/> > 18 WEEKS</p> <p><input type="checkbox"/> BIOPHYSICAL PROFILE</p> <p><input type="checkbox"/> TWINS</p> <p>GENERAL</p> <p><input type="checkbox"/> ABDOMEN</p> <p><input type="checkbox"/> PELVIC (M or F)</p> <p><input type="checkbox"/> FEMALE PELVIC and TRANSVAGINAL</p> <p><input type="checkbox"/> TRANSVAGINAL</p> | <p>OTHER</p> <p><input type="checkbox"/> THYROID</p> <p><input type="checkbox"/> TESTICULAR</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> MSK SHOULDERS _____</p> <p><input type="checkbox"/> SOFT TISSUE HERNIA _____</p> <p><input type="checkbox"/> SOFT TISSUE PALPABLE LUMP _____</p> <p>VASCULAR</p> <p><input type="checkbox"/> CAROTIDS</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> VENOUS LOWER EXTREMITIES</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> ARTERIAL LOWER EXTREMITIES</p> |
|---|---|

BONE MINERAL DENSITY - AURORA, VAUGHAN

- BASELINE - (one per lifetime)
- 2nd test LOW RISK - (after 36 months)
- Subsequent LOW RISK - (after 5 years)
- HIGH RISK - (after 1 year)
- Indication _____
- See Website for Link to High Risk Factors and Ministry of Health Billing information

NUCLEAR MEDICINE - AURORA, VAUGHAN

- CARDIOLOGY - AURORA, VAUGHAN**
- EXERCISE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
- PERSANTINE MYOCARDIAL PERFUSION IMAGING* (Test takes 5 - 6 hrs.)
- RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)*
- THALLIUM, REST AND REDISTRUBTION (RE: VIABILITY)
- * Includes Ejection Fraction
- GENERAL - AURORA**
- BONE SCAN – WHOLE BODY
- BONE SCAN – SINGLE SITE _____
- BILIARY SCAN (HIDA)
- LIVER – RBC SPECT (RE: HEMANGIOMA)
- OTHER _____

NOTES

X-RAY ASSOCIATES

PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN

ABDOMEN:

Nothing to eat or drink 8 hours prior to your appointment (except to swallow necessary medications).

ABDOMEN LIMITED FOR HERNIA:

No preparation required.

ABDOMEN & PELVIS:

Nothing to eat for 8 hours prior to your appointment and you must complete drinking 40 ounces/1 Litre of water **1 hour prior** to your appointment. Do not void.

PELVIS / OBSTETRICAL:

A full bladder is necessary. Complete drinking 40 ounces/1 Litre of clear fluid **1 hour prior** to your appointment. Do not void. A full meal is recommended **1 hour prior** to your appointment. (Child Pelvis 2-12 yrs. 1 cup of water.)

MALE PELVIS:

Patient to arrive with a full bladder. (Follow instructions for a pelvis exam). Small parts (thyroid/testis): No preparation required.

BONE MINERAL DENSITOMETRY - AURORA, VAUGHAN

BONE MINERAL DENSITOMETRY (AURORA & VAUGHAN):

Wear loose comfortable clothing free of belts, clips or any metal.

* Ministry of Health restricts routine exams to:

- One Baseline per lifetime
- Second test Low Risk after 36 months
- Subsequent Low Risk after 5 years
- High Risk after 12 months unless preauthorized by the Ministry.

VISIT OUR WEB SITE AT WWW.XRAYASSOCIATES.ORG

VAUGHAN AND AURORA CLINIC ARE NOW OPEN 7 DAYS PER WEEK.

NUCLEAR MEDICINE PROCEDURES - AURORA, VAUGHAN

MYOCARDIAL PERFUSION IMAGING PROCEDURES:

This test may be completed in one or two days.

- Please bring medications and puffers.
- No caffeine (tea, coffee, cola, chocolate) for 24 hours prior to your test (no decaffeinated tea/coffee).
- Light breakfast the day of the test.
- If you are booked to exercise on a treadmill – wear a T-shirt, shorts or sweatpants and running shoes.
- No smoking prior to testing.

DIABETICS:

- If on insulin: light breakfast the morning of the test and take half the usual morning insulin dose.
- If on oral medication: light breakfast and don't take diabetes medication before the test. After the test, you may eat and take your medication.

Certain medications should be stopped, if possible before the test, only if permitted by your doctor, as follows:

Stop for 24 hours before the test

- Metoprolol (Lopressor)
- Diltiazem (Cardizem; Tiazac)
- Acebutolol (Monitan; Sectral)
- Carvedilol (Coreg)
- Verapamil (Isoptin)
- Tylenol 3

Stop for 7 Days before the test

- Theophylline (Aminophylline)
- Aggrenox (Dipyridamole/ASA)
- for Persantine procedure
- Tadalafil (Cialis)
- Sildenafil (Viagra)
- Vardenafil (Levitra)

Stop for 48 hours before the test

- Atenolol (Tenormin)
- Nadolol (Corgard)
- Bisoprolol (Monacor)

GENERAL NUCLEAR MEDICINE PROCEDURES:

Biliary scan - Nothing to eat or drink 4 hours prior to the scan.

Online Booking at www.xrayassociates.org

NEW HOURS

Newmarket

X-Ray - Walk in Clinic
Ultrasound - By appointment only.

679 Davis Drive, Suite 104,
Newmarket, ON L3Y 5G8 (at Patterson)

Tel: 905.895.1313 • Fax: 905.895.6231

Mon - Thurs 8:00 am - 5:00 pm
Fri 8:00 am - 4:00 pm
Sat CLOSED

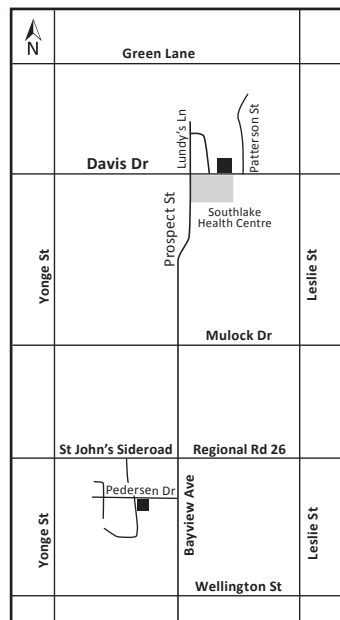
Aurora

X-Ray - Walk in Clinic, Ultrasound,
Nuclear Medicine, Bone Density
- By appointment only.

125 Pedersen Drive, Units 3, 4, & 5
Aurora, ON L4G 0E3 (off Bayview)

Tel: 905.751.1500 • Fax: 905.751.1505

Mon - Thurs 8:00 am - 6:00 pm
Fri 8:00 am - 4:00 pm
Sat 8:00 am - 12:00 pm
Sun 9:00 am - 1:00 pm



Vaughan

X-Ray - Walk in Clinic, Ultrasound,
Nuclear Medicine, Bone Density
- By appointment only.

Upper Thornhill Medical Centre
955 Major Mackenzie Dr. W., Suite 102
Vaughan, ON L6A 4P9

Tel: 289.553.6336 • Fax: 289.553.6339
Toll Free: 1.844.594.XRAY (9729)

Mon - Thurs 8:00 am - 7:00 pm
Fri 8:00 am - 4:00 pm
Sat 8:00 am - 2:00 pm
Sun 9:00 am - 1:00 pm

Richmond Hill

X-Ray - Walk in Clinic

250 Harding Blvd. W., Suite B02
Richmond Hill, ON L4C 9M7
(York Med at Major Mackenzie)

Tel: 905.737.0594
Fax: 905.737.7538

Mon - Thurs 9:00 am - 5:00 pm
Fri 9:00 am - 4:00 pm
Sat CLOSED

