SIGN OFF SHEET

NAME	DATE	SIGNATURE
LORI MYERS	2022-02-01	
SUE KOTSOPOULOS	2022-02-07	
Noushin Feyzian	2022-02-07	
Anoush Aghaian	2022-02-07	
Lucy D'Amario	2022-02-07	
Marlene Ricketts	2022-03-03	
Lynne Kalelis	2022-02-07	LK
Milana Stojanovich	2022-02-08	
Mabel Tang	2022-02-08	*(signature)*
Melinda Filice	2022-02-10	
Lena Aghaian	2022-02-11	
Sathana Surendran	2022-02-12	S.S
Janice Maltby	2022-03-03	JM
Sharon Swider	2022-03-03	
Sarina D'Alessandro	2022-03-03	
Rosalba Simone	2022-03-04	
Arian Moazeni	2022-03-06	A.M
Noushin Feyzian	2023-01-09	N.F
Anoush Aghaian	2023-01-09	A.A
Lucy D'Amario	2023-01-10	L.D.

Rosalba Simone	2023-01-11	R.S
Lena Aghaian	2023-01-11	L.A
2024	**2024**	**2024**
Reviewed and Revised March 13, 2024 Marlene McCarthy	Aug 12, 2024	
Dr. Peter Zia	Aug 19, 2024	
Dr. Phil Mok	Aug 19 2024	

X-RAY ASSOCIATES

RECEPTION OPERATIONS MANUAL

All manuals and protocols are reviewed and revised at least annually by the General Manager with input from department leads and final approval by the Quality Advisor.

It is the responsibility of all staff to notify the Lead or General Manager of any error or omissions in any manual. Staff must review all manuals and sign off annually. Staff are notified of updates as they occur, either via email, staff memos or in person.

It is expected that all policies and procedures are followed. They have been written to ensure patient and staff safety and support our Goals and Objectives.

All written policies, procedures and protocols are proprietary of X-Ray Associates. They cannot be copied or shared without written permission of the General Manager.

The manual is reviewed and revised annually by Marlene McCarthy May 22, 2015

Revised and/or Reviewed	Date	Name
Revised and Reviewed	May 22, 2015,	Marlene McCarthy
Revised and Reviewed	April 2016	Marlene McCarthy
Revised and Reviewed	October 2017	Marlene McCarthy
Revised and Reviewed	January & July 2019	Marlene McCarthy
Revised and Reviewed	January 2020	Marlene McCarthy
Revised and Reviewed	February 2021	Marlene McCarthy
Revised and Reviewed	January 2022	Marlene McCarthy
Revised and Reviewed	January 2023	Marlene McCarthy

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It is important to always remember that we are a People Centered facility that includes patients families. We must respect the rights and responsibilities of patients and their essential care partners. When booking or upon arrival we must identify and ideally remove all barriers that may limit access to our services.

Dress Code

This is a Professional Medical Office. It is important that you represent X-Ray Associates appropriately at all times. **The dress attire is a Uniform** or **Business Casual with Lab coat**.

Lab coats are provided and must be worn at all times, if street clothes are worn. All clothes and lab coats should be clean, have no stains, and pressed. (not wrinkled).

What is Business Casual Attire?

For women: A reasonable length skirt, mid-thigh or longer (no mini-skirt). Full-length trousers/slacks (not blue jeans) combined with a top (such as a dress shirt, polo, or sweater set) is considered acceptable. An informal dress with appropriate skirt mid- thigh length is acceptable. Yoga pants (leggings) are only acceptable if worn with a long top to mid-thigh or skirt to mid-thigh.

For men: A combination of a collared shirt (such as a dress shirt or polo shirt), cotton trousers (such as khakis or blue, green, brown, or black trousers) with a belt, and modest shoes (such as loafers) with socks is acceptable.

Unacceptable clothes for either Gender:
- Gym clothes
- Hooded tops/Sweat shirts
- Blue jeans
- Mini skirts
- Rumpled or ripped clothing
- Underwear as outerwear
- Inappropriately revealing attire
- Shorts
- Sweat pants (Wind Pants)
- No logos or graphics on tops or pants

Unacceptable for Admins:
- Yoga Pants

Unacceptable Foot Attire ALL staff:
- Flip flops
- Boots above the knee

Acceptable Foot Attire for either Gender Technologists:
- Closed toe is mandatory
- Running shoes
    - Must be rubber soles, non-slip
    - Heels must not be pointed nor greater than 1"

Infection Control:

All keyboards, mouse and screens should be cleaned at least weekly. All spills, either patient or staff related, must be cleaned up immediately. If a patient or staff member has vomited please ensure they have tissue, K-basin or bucket and are being cared for. This should be kept at reception. Patients this ill should be done ASAP. The soiled area should be cleaned immediately to prevent a slipping hazard. Gloves are available for staff. A bucket and mop are available at each site.
Plastic office plants must be washed monthly to remove dust.

*** We are a LATEX FREE facility

Equipment:
All equipment should be checked weekly to ensure that all plugs are fully in the outlets. Malfunctioning equipment should be reported to head office immediately. Chairs should be functional and not have rips. Keyboards should be functional.

Ergonomics:
Each office should have neck exercises posted and perform them several times throughout the day. Chairs should be adjustable.

RETENTION OF IMAGING MEDIA AND REPORTS:
As per Ontario Regulation 57/92 (14/95) under the IHFA: Patient Records (report and requisition):

Must be kept and maintained for
i. six years following the patient's last visit or
ii. up to the 6 years year past the patient's 18th birthday (24 years)

EXCEPTION: Mammography images/reports/requisition must be maintained for 10 years following the last visit and for patients under 18 years, until the age of 28 years. Only Youth and Mammo films are left in the storage. Film is purged annually.

ALL film is stored off site in Newmarket and can be retrieved the same day if necessary.
All digital imaging is NOT being deleted. It is stored with HDIRS.

Faxing:
A cover sheet must be attached to all external correspondence. Copies are on the intranet. If confidential transmission, this must be stated on the cover page

IPAC UPDATES 2019

Single Use Items:

All items marked as single use, cannot be reused under ANY circumstances.

Supply Storage:

No supplies can be stored under sinks. This area is damp and may cause contamination.

New Equipment:

ALL equipment must be inspected by the General Manager and/or Lead Technologist and/or IT before use. Ultrasound probes must be cleaned according to manufacturer guidelines before use. TV probes must be reprocessed before use.

Equipment Inspection:

All equipment should be inspected on a regular basis. TV probes after each use. ANY concerns must be brought to the Lead Technologist and General Manager immediately. The equipment MUST be removed from use immediately.

Equipment Recalls:

Any notification of an equipment recall from a manufacturer must be reported to the General Manager and Lead Technologist. All actions must be followed as per notice.

Patient Exam Rooms, Front Reception:

Only a drink that has a lid may be in these areas. Eating, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses is NOT permitted in these areas:

Ultrasound Reprocessing Areas:

Eating, drinking, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses is NOT permitted in these areas.

Reprocessing Area Cleanliness:

The Reprocessing area is cleaned nightly by the professional cleaning staff. During the day the area must be kept clean and dry. ALL spills must be cleaned up immediately. NOTHING should be placed in this area that doesn't belong i.e. extra towels. No Supplies are stored on the counter top.
Ancillary Equipment:

Any piece of equipment that touches the patient's skin must be wiped with LLD (Accel Wipes) before use on the next patient. i.e. ECG leads, BP cuff, thyroid collar

TECHNOLOGIST IMPRESSION:

A technologist cannot give his/ her own interpretation to a patient or referring physician. If the technologist believes the exam to be positive, the exam is discussed with a radiologist.

PERMISSION AND TIMING OF FAMILY/FRIENDS IN EXAM ROOM:

There are times when a family member or friend may need to be in the room. For obstetrical exams, the significant other is permitted in the room only after the exam is completed. The sonographer will review the baby anatomy with the couple, give the sex if requested and allow the one screen capture on the phone. If a child is to be imaged, it is best to have only one parent in attendance unless more are required. Patients may require a translator or assistance to perform the exam. At no time should a radiographer hold a patient.

CHAPERONE FOR TV ULTRASOUNDS & OTHER PATIENT REQUESTS:

Patients may request a chaperone for intimate examinations, i.e. TV ultrasound or some other request related to their examinations/procedures. We must provide options where possible. Ideally, a receptionist (most likely female will be requested) will accompany the patient during the exam. We have signage in the facility. IF we cannot provide a chaperone, patients have the option of rebooking for a new date.
Many languages are spoken at the facility. EVERY attempt must be made to provide patients with an interpreter.

ACCESS TO EXAM ROOMS:

Patient exam room doors must remain open when there is NO patient in the room. This will make you available to staff for assistance. The exception are any electronic doors i.e. Vaughan X-Ray.
IF an exam room door is closed, assume a patient is in there! DO NOT enter without knocking and getting verbal permission to enter!

ULTRASOUND FOR FETAL GENDER ONLY:

Exam requests for fetal ultrasound for non-medical reasons (e.g. gender identification) must not be performed. Fetal ultrasound should only be performed for diagnostic purposes on the order of a physician or other authorized health care professional

Telephone Use:

Staff must keep personal phone calls to a minimum as it is tying up a business line. Cell phones can be used but must be on silent and not used in front of a patient, unless work related.

Harassment by Patients:

Should it occur that a patient displays inappropriate behavior while on the premises or during an examination, the requested examination may be refused or terminated. The patient should then be asked to leave.
Immediate notification must be made to the General Manager. A written report must be made and submitted to the General Manager on the same day.

Patient and Physician Surveys:

Patient surveys must be distributed at least 20 in total including all modalities annually. Patients should have access to the surveys at any time and secure drop boxes at each site. Patients can be given the General Manager's business card to correspond with. Patient complaints shall be directed to the General Manager (Patient Ombudsman). Patients can provide feedback through our website and also through an app on their phone at every office.
Physician Surveys will be initiated from head office. Many of the physicians are visited annually.

Reception: Greeting Patients

****Acknowledge a patient upon arrival, even if you are on the phone, a head nod, wave…don't ignore them! Look them in the eye.

Remember our patients are usually here because they are unwell and may be nervous and/or anxious. Always greet patients with a Smile, be patient and kind!!.

Receptionists are extremely important to the management of all of our patients and our clinic's reputation. You must be professional, courteous, and respectful at all times. Since you are working in the front line of our clinics your behavior and actions are the first impression that our patients and referring physicians receive. We only get one chance to give a good first impression so please do not damage that opportunity.

Smiling-This will put the patient in a better mood, and will make the entire process easier for both you and the patient. It is hard to be grumpy when you are smiling and it is very difficult for a patient to complain to you when you are smiling. (Telephone-smile also. People will hear the smile in your voice.)
Always address the patient by name, not "honey" "dear" or love.

Ask the patient for their health card and requisition. We must see the health card at every visit. Requisitions are valid for 6 months!

Ask the patient if they have been to our clinics before. If they say no, **WELCOME** them to X-Ray Associates.

If the patient has any procedures other than X-Ray, confirm that they have an appointment booked.
If the patient requires an exam that we do not provide, book at our other location or give them the booking number for the local hospital at the time of check in. Let the patient know that our Radiologists work at the local hospitals.
McKenzie Health bookings:
905-883-2004 Southlake
bookings: 905-895-4251 Ext.2665

If the patient has an ultrasound and is more than 15 minutes late, let them know that we will accommodate them, check the ultrasounds waiting and give them an approximate time to wait. If you are unsure, ask a sonographer.
If the patient requires an Ultrasound exam and does not have an appointment, we may be able to accommodate the patient on a walk-in basis. If Not, make an appointment for the patient to return on another day for their exam.
ALWAYS be honest about wait times. They will be watching the clock.
REMEMBER that these patients are not well, be patient, anticipate their needs, don't let them be rushed. Assist patients when needed be professional: Keep personal chatter between coworkers to a minimum as conversations will be overheard and misconstrued

Telephone Answering Techniques

When answering the telephone- **SMILE and say "Good Morning X-Ray Associates"** or (good afternoon, good evening), Beth speaking how may I help you? A smile will be heard in the tone of your voice.

Before putting a patient on hold, ask them if they are OK to hold, WAIT for them to respond YES, before placing them on hold.

Always be polite and patient with difficult people and remember that it is not their fault that they are confused. Remember, these patients might be acting differently because they are sick, and are worried about what is wrong with them and are unsure of why they need to have certain tests done. We have to make them comfortable and ensure patients that we will do our best to accommodate their needs.

If you are unsure of the answer to the question the patient is asking you can put the patient on hold so you can find out the answer. If you are alone and unsure of the answer, take the name and number of the patient and tell them you will call them back or someone will get back to them ASAP.

CONFIRMING APPOINTMENTS:

Someone answers the phone and the patient is available:

Hello may I speak with____
I am calling from X-Ray associates reminding you about your appointment with us on__ (date and time) at ____(location). Verify preparation. Please bring your requisition and
Health Card. Just a reminder we are a scent free facility, please do not wear perfume or cologne the day of your appointment. Please come 10 minutes earlier to register. We look forward to seeing you.

Someone answers the phone and the patient is NOT available:

Mr./Ms.____has an appointment at_on____(date and time). They will need to bring their requisition and Health Card and arrive 10 minutes early to register. There *is or is not* any preparation. (insert Preparation.) Just a reminder we are a scent free facility, please do not wear perfume or cologne the day of your appointment. Please call us at_____to cancel or rebook your appointment. **Do not say what the exam or modality is.**

Goes directly to voicemail:

Hello this message is for Mr./Ms._____. This is X-Ray Associates calling to remind you of your appointment on__(date and time) at____(location) There *is or is not* a preparation. (insert preparation Please bring your requisition and Health Card and arrive 10 minutes early to register Just a reminder we are a scent free facility, please do not wear perfume or cologne the day of your appointment. Please call us at__to cancel or rebook your appointment. **Do not say what the exam or modality is.**

Checking Messages

The messages should be checked when you first enter the clinic, multiple times throughout the day, and at the end of the night.

Booking voicemail MUST be checked by the evening and weekend staff in Vaughan and Aurora. It is imperative that all calls are returned promptly.
If we do not return a call to a patient who wants to make an appointment they may call another clinic and we will lose the patient !
ALL voice mails must be cleared and addressed at the end of the work day for every clinic!

Patient Reminder Calls (2 days in Advance)

Vaughan
Monday, Wednesday, Thursday, Friday Saturday and Sunday (Harding) Tuesday (Vaughan Staff)

Aurora
Monday, Wednesday, Thursday, Friday, Saturday (Aurora Day Staff) Tuesday (Saturday, Aurora Staff)

Newmarket
Monday, Tuesday, Wednesday, Thursday, Friday (Newmarket staff)

General Reception Policies

All X-Ray Associates staff must use professional conduct at all times.

The following general policies are in effect to uphold the professional code of conduct at the clinics:

Each new member of staff must sign a confidentiality/security agreement. This is to ensure that the patient's personal information and reports will be kept confidential at all times.
No cell phone use at reception. It cannot even be seen by patients!

Limit the use of our main lines for personal calls. Tying up these lines means that we incur significant delays in communication from patients, physician's offices and between our clinics. Radiologists cannot get through to speak to Techs, etc.

No food or drink is permissible in the front office at any time. If anything spills onto any electronics, it will destroy them. It is also unprofessional to be eating or drinking at reception. A covered drink away from view is acceptable.

The Internet is available for all staff. Games and Social media are prohibited (Facebook, twitter).

When memos come into the office, leads should ensure all staff are aware. ALL memos will be distributed to staff via email.

All Clerical staff should read and sign off on staff minutes if they were not at that particular meeting.

Your X-Ray Associate's email should be checked daily if full time and bi- weekly if part time or casual.

If a patient arrives with a requisition from a competitor, make sure you record that physician's office Name and Address. Give to Head Office to send a pad of X-Ray Associates requisitions.

Radiologist's Schedule

Finding Radiologist Contact Number

1. CELL PHONE:

Please log on to the Qgenda which should be located on the Bookmarks Bar on all computers

email: xrayassociates@qgenda.com

password: Abcd1234

Daytime, click "Clinics". The Radiologist for Vaughan and Harding (R4) usually takes all STAT cases. Hover over their name and a cell # will appear which you can use to call them to explain your case. Use the Mobile phone located in the front desk area of each clinic. Take the phone to your room to discuss the case and review your images with the radiologist and then return once completed.

For weeknights after 4:00 pm and Saturdays refer to the "Call schedule". Follow the appropriate times for on-call radiologist and hover over their name as above for their cell #.

If they do not answer immediately, leave a message and be patient for a return call as they may be doing a procedure in the hospital. You may also text them from your personal phone and ask them to return a call to you. Be sure to leave your name and reason for the text.

2. To contact the after-hours Radiologist via hospital locating:

Call Mackenzie Health Hospital Radiologist office: 905-883-1212, ext. 2310 and speak with the on-call radiologist for Mackenzie Health

Any concerns contact Vicki 647-466-1500, Marlene 647-221-7766 or Rosalba 647-981-5040

Office Staff Schedule

Throughout the month, there are unforeseen circumstances that happen, which may result in changes to the schedule.

Please double check the schedule when a new version is faxed. If there are any discrepancies, please contact the scheduler to confirm where you are working. It is your responsibility to check where and when you are scheduled to work.

All computers at all clinics have access to the **INTRANET** which you can find the schedule posted and are constantly updated.
We are also able to access the schedule from a computer outside of the clinic. Home Computer using the **INTERNET.**

http://www.xrayassociates.org/staff Login: Xray5 Password: Xray6
*Note: both are Capital X

RIS System

The RIS software is our Radiology Information System, (Velox RIS). This system is used to enter patients into our own health network system. It is connected to all imaging workstations and also to our PACS system where all patient images are stored.

The Reception module allows us to create, process, and manage patient information and records. This system can also retrieve previous records entered into the database.

The Scheduling module allows us to book appointments and is interfaced to the reception module.

This RIS system is also used to do Office Billings, and allows for OHIP submissions to be submitted via EDT (Electronic Data Transfer).

The Transcriptionists also use this program to type and print out the reports for all cases.

Requisition

Manual requisitions are supplied to the medical staff for use in their offices when ordering all examinations on a patient, and should accompany the patient at the time of the appointment. Diagnostic imaging services are performed only upon the request of an authorized physician, with appropriate clinical information and a signature (or signature stamp) from the ordering physician. Requisitions are only valid for 6 months.

Outside Requisitions- Requisitions other than those printed for our offices are accepted. A physician signature or stamp must be available.

Information required:
We MUST have certain information before we can accept a requisition for services
- Signature or signature stamp from the doctor
- Clear indication of the procedure needed for the patient. (This can be hand written in the form of a written request, or checked in a box.)
- Patient's Name/DOB/Sex//Health Card Number, sometimes this is missing. Have the patient complete the information and show proof of Identification.
- Clinical history is required. It may be technologist supplemented. Staff may need to call the referring office to obtain clinical information.
- If we do not have this mandatory information, call the doctor's office and fax a form to them requesting the doctor's signature or information.

2 requisitions from the same doctor
- If the patient has 2 different requisitions, but are from the same doctor, it can be entered together under one service.
- Scan both requisitions under the same ID.

2 requisitions from 2 different doctors
- Each requisition will have to be entered as a New Visit.
- Both requisitions must then be scanned SEPARATELY under the different visits

A patient comes in with a requisition that will need to be used for 2 separate procedures
- Make sure to make a note on the original stating the date and location the first procedure was done

- Photocopy the original with the note, and return it to the patient for the next visit
- Use the photocopy for the first procedure

No requisition/ patient does not have one
- For Dr Liu, his requisitions are sent to Harding via the clerk. There are folders marked for each Doctor that send a lot of requisitions to the clinics. **Same can be noted for Vaughan in regards to Dr. Camazzola)**
- For Dr Toth, Dr. Alex Lee, and Dr. Grace Chua's patients: Most of the requisitions will be faxed to Vaughan, make sure to check the file folders
- Dr Toth, Lee, and Privitera have separate folders of faxed requisitions in Newmarket
- Check the folder marked **Faxed X-Rays** for all other general requisitions
- Requisitions for modalities that need appointments are generally kept at the front of the corresponding binder.

<u>NO REQUISITION: VERBAL ORDER</u>

- If you cannot find one, call the Doctor's office and see if the receptionist will fax over another requisition.
- If they cannot send you one immediately but can confirm a verbal order, then proceed with the exam, record who you spoke with, date, time and your initials. Let the receptionist know that the exam will not be **<u>reported</u>** until a signed/stamped requisition is received. If the receptionist cannot confirm the order, do not proceed. Verify if the patient should wait while the office investigates. Explain delay to the patient. A good analogy is that they would not go to a pharmacy and expect drugs to be dispensed without a prescription. It is a CPSO requirement.

We MUST HAVE A REQUISITION AT ALL TIMES, (or Verbal order) it is a legal document, and the procedure cannot be done without one.

If the requisition has the wrong name/wrong label, we CANNOT accept it. We cannot remove a label. Call the referring office and ask for another to be faxed. Explain to the patient.

SCREENING I.E. CHEST X-RAYS:

Chest x-rays with the history as "Routine" or "screening" cannot be done. The referring physician may be notified if the technologist cannot obtain relevant history for the x-ray.

ULTRASOUND FOR FETAL GENDER:
Ultrasound cannot be done for fetal gender. Call the referring physician office and ask why the ultrasound has been ordered. There must be a medical reason.

Health Card Reader NOT working:
Using the IVR System

If there is a problem with RIS, or the Health Card Reader is not working, we can use the phone system to validate the Health Card, called the Interactive Voice Response (IVR)

Phone number for the IVR system is 416-326-6666

It will then ask for a Personal Identification Number (PIN) - 79872142

Enter the Patients Health card number It will then prompt for the version code

Each Alpha character is represented by 2 numbers

A = 21	B=22	C=23	D=31	E=32
F=33	G=41	H=42	J=51	K=52
L=53	M=61	N=62	P=71	Q=11
R=72	S=73	T=81	U=82	V=83
W=91	X=92	Y=93	Z=12	

If there is no version code, select #
If only one letter for the version code, type the code and hit # afterwards

If you get a response code of 50, 52 and 55, these cards are VALID.
Any other response codes: If the patient wishes to proceed with the exam they must pay the OHIP fee. Then present us with a valid health card. After the new card is processed and paid by OHIP, the patient can ask for a refund.
If the system is down, take a photocopy of the health card, and write down the validation response code on the copy

You can also use the IVR system to check for Bone Density. Please refer to the **Bone Density** section

Health Card Information

When a patient record is searched for the new case registration, his/her health card number is processed for validation. If the health card is valid, a green checkmark will appear beside their name.

e.g.

OHIP 5698951950 WA
Expiry: 27-Jun-2024
Health card passed validation

There are two different types of OHIP cards still being used:

1. **Red/White**: has no photo identification, these cards do not expire, and very rarely has a version code
   <u>BE CAREFUL</u>! Sometimes there is a version code on the older health cards. They are very small and are normally in the bottom right corner of the card.

2. **Green**: has photo identification. Expires every 5 years and is given a new version code when it is renewed.

   When a patient renews their health card at the Ministry of Health office, they receive a Temporary Health Card form. This normally includes the new version code that will be given once the card is created. This paper is acceptable for registration of the patient.

   For all other OHIP issues, please refer to **Special Billing Cases**

   PATIENT ARRIVES WITH NO HEALTH CARD:

   If a patient arrives without a health card, ask them if there is someone they can call to obtain the number. Ask permission to call their family physician to obtain the HC number. If the office is closed, ask them to complete a Health Card Release Form that the MOH will release the number to us. This will be sent to head office to follow up. DO NOT refuse the patient. Let the patient know that if they do not have a valid Health Card, they will be expected to pay for the service. Let them know the OHIP cost of the exam.

   PATIENT ARRIVES WITH AN EXPIRED OR LOST HEALTH CARD:

   Have the patient fill out the Health Card Release form and give them the address of the nearest MOH branch so that they may obtain a new health card.

   PATIENT ARRIVES for THEIR APPOINTMENT ON THE WRONG DAY OR WRONG CLINIC:

   Explain to the patient that although there are patients booked that you will see if they can be accommodated. Check with the technologist to see what the waiting time would be. Ask the patient if they would like to wait, proceed to the other clinic or rebook. If the patient stays, make sure the other office is called. IF the patient arrives at our office and is from a competitor, every effort is made to PERFORM the exam!

   ADD ON ULTRASOUNDS:

   If a patient arrives and is prepped and there is an opening, add the exam. Notify the sonographer that the exam has been added. If there isn't an opening, and it isn't an emergency, check with the sonographers to see if the patient can be done. Especially with competitor's requisition or if the patient is disabled, ill etc.)Patients for EMERGENCY ultrasound must be accommodated. i.e. appendix, ectopic, torsion, Dr. Rosman and midwives. Register the patient, keep them in the waiting room. Notify the sonographers and get an approximate time, so that the patient can be advised.

RIS: VELOX

Velox Suite – is a web-based system and is accessed via the interface of the web browser.

Every user is going to have a unique username and password combination. Xra.First Initial and then last name
To login the application you should launch Velox Suite Application icon on your desktop. After that just put

your unique user's name ID and password and press LOGIN.

- My Name is Lori Myers;

- Username: xra.lmyers
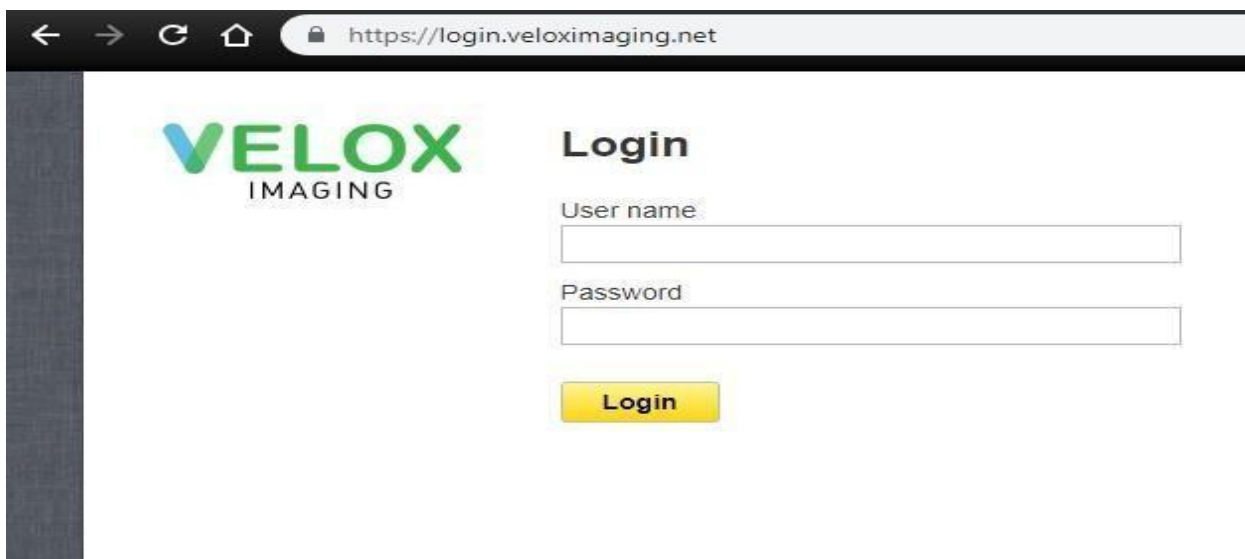
Change Password:
- Top right corner click on your name

- Change Password

User Profile   ✖

Personal Information

First Name   Lori

Last Name   Myers

Email   **Change Email**

Login and Password

Username   **xra.lmyers**

Current

New

Confirm

                              Cancel Changing

Cancel   💾 Save

- It will ask you for your current password & then a new password

- Save

Navigate between clinics:

On the top of the screen you will see the name of the clinic. Before starting work, please make sure that it is the name of your clinic, otherwise you can switch between the clinics using white arrow next to the

▲ **Aurora**   ✖

Aurora
Harding
Mackenzie Health
Newmarket
Southlake Health Centre
Vaughan

▼ **Aurora**
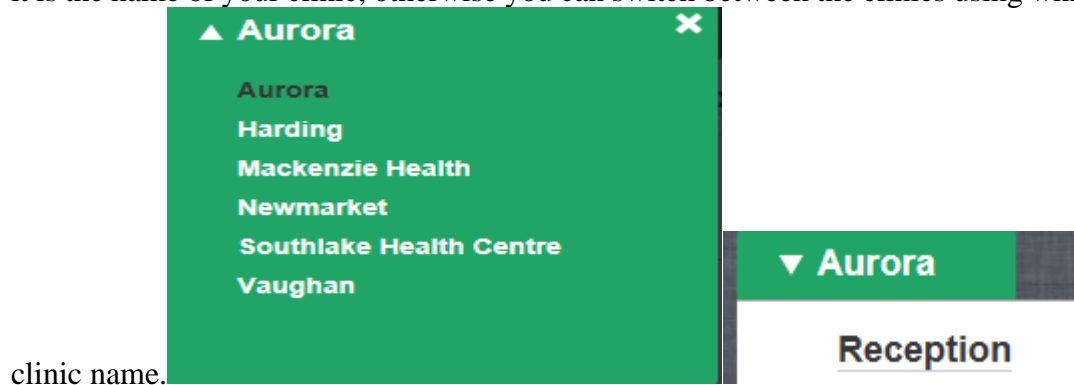
Reception

clinic name.

Navigate System:

You can see main navigation menu just under the name of the clinic. You can switch between pages using those buttons: **Reception**, **Transcription**, **PACS**, **Management**, **Billing**, and **Administration**.

When opened, the name of the page is highlighted in grey oval shape indicating that you are on that particular page. For example, on the screenshot below Management page is opened. You will always see this navigation menu no matter which page is opened, so that you can always easily navigate across the system.
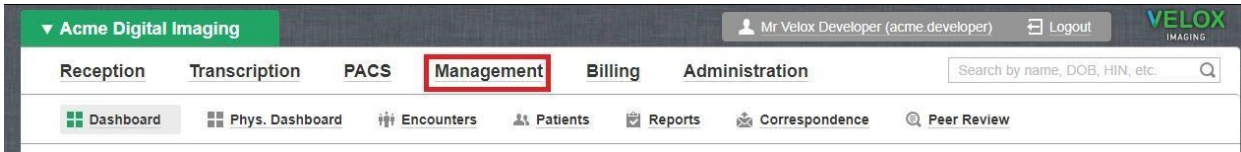
Within the page you can switch between subcomponents as well. For example, on the Management page there are 7 subpages – *Dashboard, Phys. Dashboard, Encounters, Patients, Reports, Correspondence,* and *Peer Review*. You may not see some of the mentioned subpages, if you do not have access to them. You can switch between them using icons of a lower menu.

Global search enables you to search for any patient by entering the health card number or last name on the top corner search bar and press enter.

Management Dashboard

Management Dashboard is a comprehensive tool for general overview and management of the clinic. You can see all locations at a glance or see an overview of the work of your clinic. Key component here is performance data for the clinics.

On the screenshot below we can see 3 different locations. The columns in front of the name of the clinic represent different stages of the encounter workflow, so that we can see the number of the patients on each stage of the study execution. For example, at Aurora clinic there are 5 patients checked-in, 1 patient have done their studies already and we can see that their images are attached in the system, 1 case have been dictated and 0 are finalized

In the last 2 columns you can see Rejected cases. If it was rejected by the radiologist, rejected cases will appear in those columns. It helps to keep track of a smooth workflow of each case and to take immediate steps to fix any problems occurring. PACS administrator will follow these closely and notify the technologist.

Dashboard

Emergency 0 cases	Rejected 0 cases	Not linked 0 files

Clinic Name	Checked-in	Images Attached	Dictated	Finalized	Reading Physician Rejected	Typist Rejected	On Hold
Aurora	5	1	1	–	–	–	1
Harding	–	–	–	–	–	–	–
Mackenzie Health	–	–	–	–	–	–	–
Newmarket	–	–	–	–	–	–	–
Southlake Health Centre	–	–	–	–	–	–	–
Vaughan	–	–	–	–	–	–	–

On the top of the dashboard, you can see alerts for "Emergency", "Rejected" and "Not linked" cases. They will point out all the cases that require your PACS admin special attention, in easy to view format. You can interact with the green numbers below each status to see the cases flagged in details.
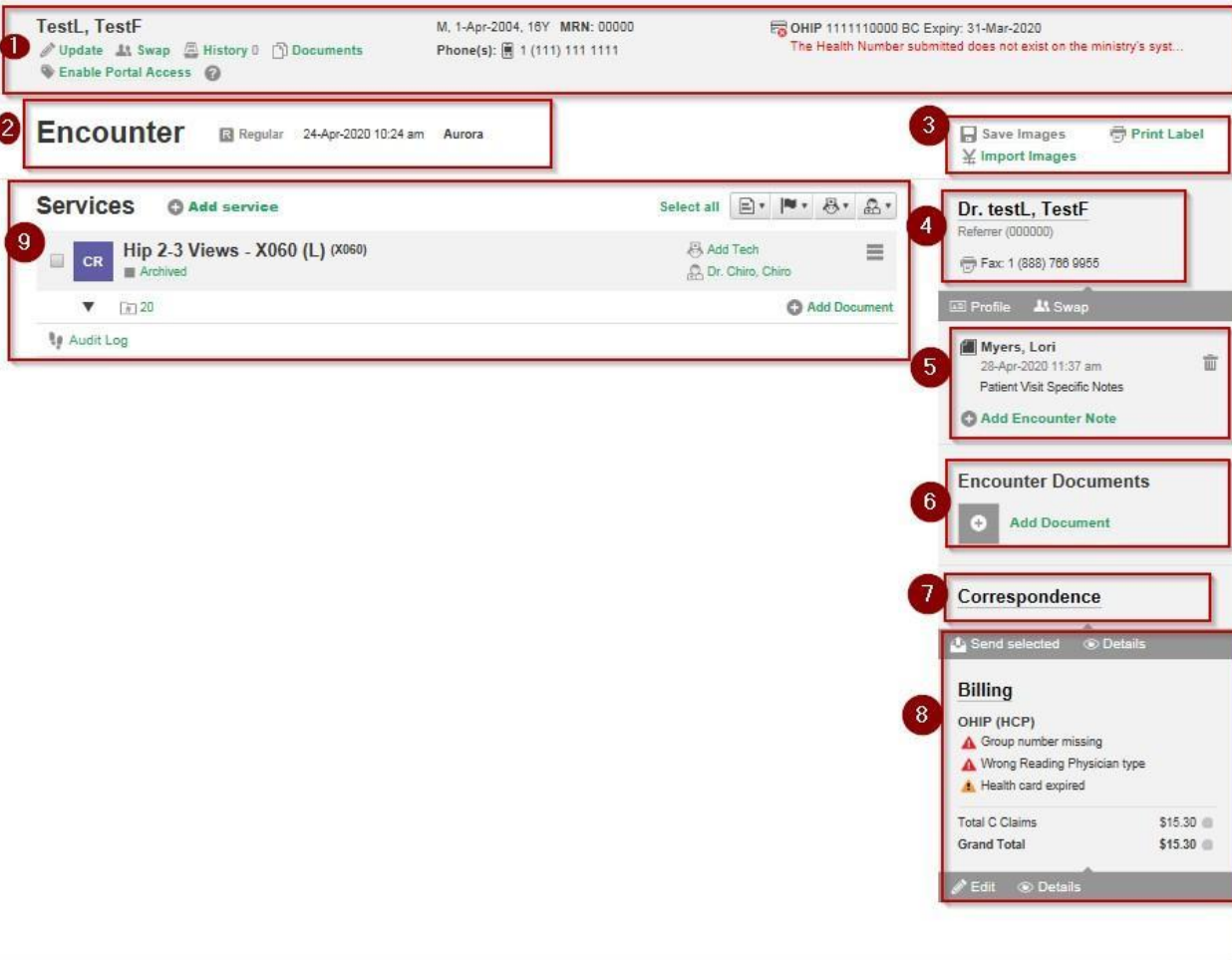

Emergency
77 cases

Rejected
197 cases

Not linked
1116 files

EDITING ENCOUNTER

Encounter management is conducted from the Edit Encounter page.

- **Hover over the Encounter & click on the pencil**

1. Patient

Here you can review and update all the patient profile information. You can edit or update patient information using the "Update" button. Choose another patient from the database of existing patients by using the "Swap" button to either use HIN, or typing his/her last name in the Last Name field.

2. Encounter

This section contains basic information about Encounter: the location, the date and time of the Encounter creation, as well as status level of encounter – Regular, Urgent or STAT. You can edit

encounter details using Edit icon: This icon appears when you move your mouse in the bottom right corner of the element.

- Change Encounter location

- Change the date of the Encounter

- Change the priority of the case

- Teaching collection folders

3. "Velox Local Agent" related buttons

With "Velox Local Agent" installed on workstation, you can use these buttons to do the following:

- "Save Images": Burning images of encounter onto CD or Hard drive/Removable drive (USB)

- "Print Label": Printing label that contains clinic unique tags of patient's visit.

- "Import Images": Creating encounters based on what's on CD or Hard drive/Removable drive (USB)

4. Referrer

Get the details about the referrer in this section. You can update Referrer information with the "Profile" button, or choose another Referrer using the "Swap" button.

5. Encounter Note

Main communication tool that allows users to leave notes specific to the patient's visit (Encounter). Both Reading Physician & Transcriptionist can leave rejection note here as well.

6. Encounter Documents

Mainly used for scanning in requisition sheet, you can also add in any additional form or document related to a patient's visit, by clicking "Add Document". Note that only documents that will show up in the radiologist's viewer are documents scanned/uploaded under "Requisition".

7. Correspondence

Keep track of uploaded or created report(s) within services. By clicking "Send selected" after clicking off on a service that contains a report, you can put the report into the FAX queue manually. By clicking "Details", you will be able to see the Correspondence Detail page of the patient's encounter, to monitor delivery status of reports.

8. Billing

In this section you can review encounter billing – type of insurance, number of claims submitted and claims' totals. "B Claim" will show technical fees, "C Claim", professional. Graphical diagrams next

to sums show the amount submitted and paid. By clicking "Edit", you are able to alter billing type for this patient's visit – from OHIP submission, to Chiro cases, to simple cash patient, or any third-party billing of clinic's dealing. "Details" button shows when you have OHIP submission as billing parameter, and "Pay", "Receipt" when you have Cash or third-party billing parameter selected instead.
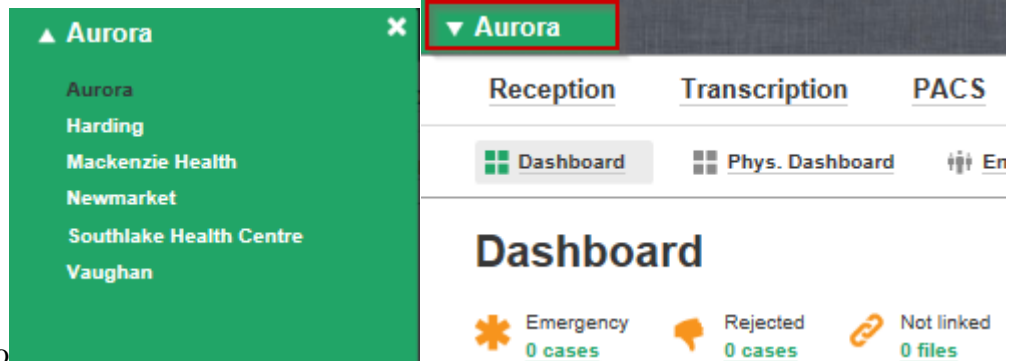
9. Services

Easily add studies to the encounter and choose a service you want to add from the list opened in a new window. You can swap (change) or delete service, as well as set up "Follow-up request" using 3 horizontal bar icons to the very right of the service line. Scan all related to the study documents, such as worksheets/tech sheets and previous reports by selecting the "Add Document" button. If you have an electronic worksheet template designed with Velox, you can create electronic worksheets using this same button.

By interacting with the status shown below service name, you can change Service status. By interacting with the "Add Tech" & "Unassigned" button, you can assign/reassign technologist and radiologists on each of the service. You can change information on multiple services at once, by using a quick bar, by simply clicking "Select all" or individually selecting a service using the check box to the left of the service name, and interacting with 4 icons on top right corner of services within the encounter.

View and manage study images and reports, work sheets and audio files in this section, by clicking on black arrow pointing downward.

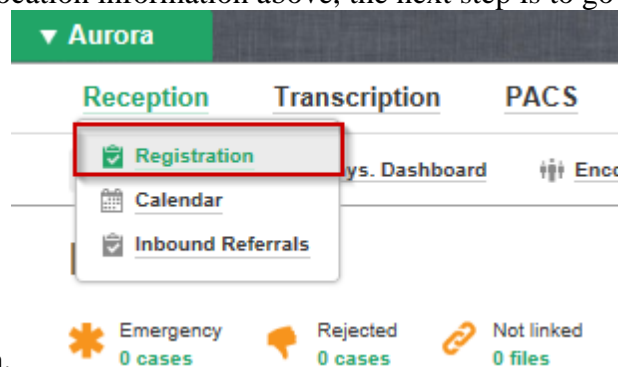# Registering Walk-in patient

To start registering walk-in patient, it is very important to make sure you have the correct clinic information selected in the system. Top left corner in green tab, you are able to switch between clinics

you are given access to

This is important, because when registering walk-in patient, system will put patient in the location you have selected. You will be able to change & edit this information after creating an encounter, if necessary, but it's always good to make a habit of making sure you have the correct clinic location showing in the top right corner when first time you log in to the system.

Once you verify your clinic location information above, the next step is to go under the Reception tab,

into the "Registration" option.

Next step is to search for the patient's information within the system. Selecting correct patient's information is very important, to ensure that the patient's prior visit shows correct information for the radiologist. By either swiping the patient's health card in the reader, or by manually typing patient's information (marker 1), as well, searching for their last name, or phone number (marker 2), you are able to see if the patient has been to the clinic or not. (marker 3)

By selecting the correct patient under "Matching Patient Profiles", you will be able to review the patient's data under "Patient Profile" from their previous visit, for you to verify & update as needed.

If, after using multiple information to search for patient's, you don't find correct patient's info under "Matching Patient Profile", you will proceed with the "Create New Patient" button to proceed in creating the patient's profile. If you swiped patient's health card into the reader, the following information will auto fill into its place, based on Ministry of Health's data of patient:

- First & Last name of patient

- *Date of birth*

- *Gender*

- "MRN (Medical Record Number)" (marker 1) will be generated by the system automatically. Filling out all the information (marker 2) would allow you to better distinguish patients with same or similar names. "Notes" section (marker 3) allows you to create patient specific note,

such as a patient's disability or any noted/mentioned medical condition to be mindful of. You can scan any patient specific document into the patient's profile as well, using the plus icon next to "Documents". (marker 4)

After filling out patient's information, and proceeding by clicking "Save", you will get to final

review page of the patient's walk-in encounter you're registering.

Here, you will verify and do final check on patient's information in Patient demography section (marker 1). You can select the service the patient will be getting, as many as you see fit (marker 2). In order to proceed with creating encounters (marker 5), you would need to have a referrer selected in "Click for staff list" in Referrer section (marker 3). If you know in advance which status the encounter will need to be under (Regular, Urgent or STAT), you can use the drop down options to alter it. Same can be done for the billing parameter of the patient's encounter as well (marker 4).

Once you have everything set, proceed to finishing up the walk-in patient's encounter with the "Create Encounter" button (marker 5).

How to Book:

To book an appointment, you can **either** double left-click in the calendar in the spot of required resources, day and time, or right-click to choose the option "Add Appointment" to begin the process.

In the newly opened window, you will see available modalities you can make appointments in the room you've selected. You can use the "Services" bar (marker 1) to quickly search for the applicable service

you're trying to make a booking for, or you can manually click on modalities (marker 2) to view the list of services. Clicking "OK" will let you proceed into the next step, and "Cancel" will exit you out of this window.

Next step is to search for the patient's information within the system. Selecting correct patient's information is very important, to ensure that the patient's prior visit shows correct information for the radiologist. By either swiping the patient's health card in the reader, or by manually typing patient's information (marker 1), as well, searching for their last name, or phone number (marker 2), you are able to see if the patient has been to the clinic or not. (marker 3)

By selecting the correct patient under "Matching Patient Profiles", you will be able to review the patient's data under "Patient Profile" from their previous visit, for you to verify & update as needed.

If, after using multiple information to search for patient's, you don't find correct patient's info under "Matching Patient Profile", you will proceed with the "Create New Patient" button to proceed in creating the patient's profile. If you swiped patient's health card into the reader, the following information will auto fill into its place, based on Ministry of Health's data of patient:

- First & Last name of patient

- *Date of birth*

- *Gender*

"MRN (Medical Record Number)" (marker 1) will be generated by the system automatically. Filling out all the information (marker 2) would allow you to better distinguish patients with same or similar names. "Notes" section (marker 3) allows you to create patient specific note, such as a patient's disability or any noted/mentioned medical condition to be mindful of. You can scan in any patient specific document into the patient's profile as well, using the plus icon next to "Documents". (marker 4)

After filling out the patient's information, and proceeding by clicking "Save", you will get to the final review page of the appointment you're creating.

Here, you can review the information you've selected for a patient's appointment with patient demography tab (marker 1), service & selected appointment time (marker 2), as well as patient's prior visit, if there is such information under the patient you've selected. (marker 3)

Once you've verified the information above to be correct, click
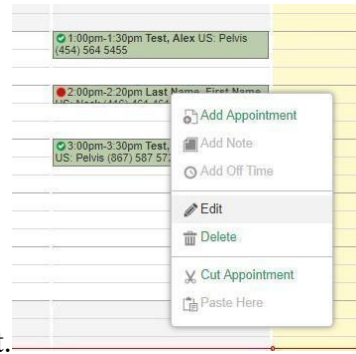
"Save" button on top right to save the patient's appointment.
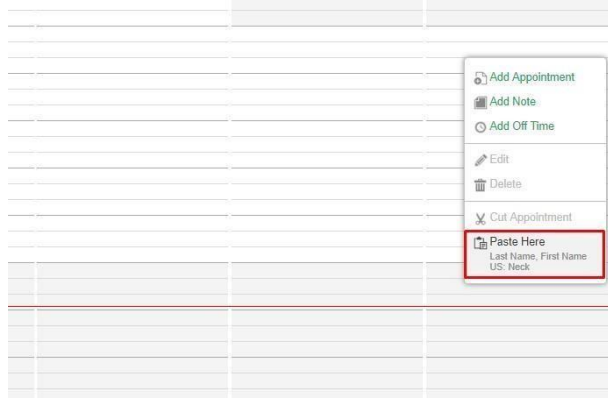
System will take you back to "Calendar page", and you will be able to find the appointment you created in designated room & timeline.
By putting your mouse cursor over the appointment block, you will be able to preview appointment information.

To reflect the status of appointment, you can either double left-click, or right-click to "Edit" to view Appointment details. You can select default status "Unconfirmed" to select appropriate status.
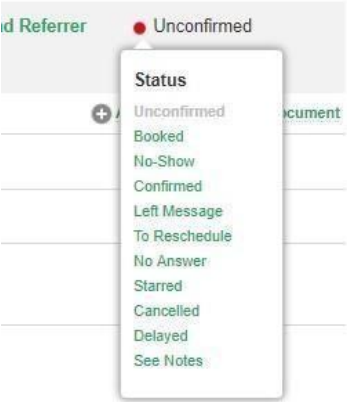
Each of the status has unique icons with different shape and color for you to easily identify them in Calendar. As long as the appointment has not been checked-in, you are able to change and adjust status of the appointment.

You can leave an appointment note that will become an encounter note once the appointment gets checked-in. By either double-left-clicking, or right-clicking to "Edit" the appointment, you can access the Appointment detail page, and create a note by clicking the "Add note" button. (marker 1)

Note you save will look like this. (marker 2) This note will carry on into the encounter as you check in the patient.

Appointments ⊕ Add Appointment

☑	US Room Acme Digital Imaging	US Neck	7-Dec-2018 (Fri) 2:00 pm - 2:20 pm	For "Check In" select Priority and Referrer OHIP (HCP)	● Unconfirmed

▼ Linked documents (0) and Notes (1)   **1)** ⊕ Add Note   ⊕ Add Document

2) Developer, Mr Velox   🗑
Appointment note that will turn into encounter note.
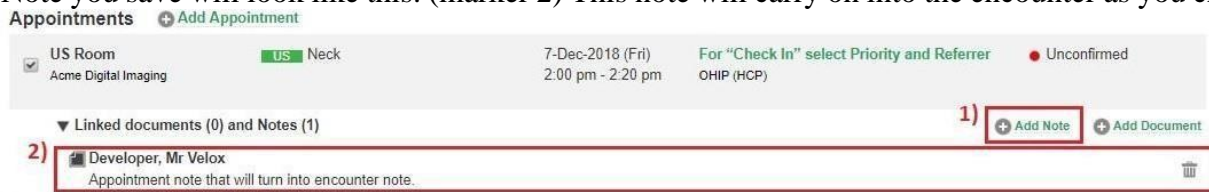
If you want to reschedule the appointment or edit the time you've made appointment for, you can either choose one of the options:

- If the appointment is being rescheduled within the same room, but at a different date or different time, you can simply left click hold to drag into the different date or different time slot.

- A) If the appointment is being rescheduled into another room, you would need to right-click the appointment block to "Cut Appointment".

B) Once an appointment is ready to be rescheduled using the "Cut Appointment" feature, it will have a yellow tag with which appointment you've prepped showing. Right-click into the spot you wish you reschedule appointment for, and click "Paste Here".

When a patient comes in for the appointment you've created, locate the appointment in your calendar, and either double left-click, or right-click to "Edit" to view Appointment details, to "Check-in". You would need to fill out referrer information first in order for the system to let you proceed further. (marker 1)

Acme Digital Imaging   👤 Mr Velox Developer (acme.developer)   ⊟ Logout   VELOX IMAGING

Appointments

4)   Cancel   ✔ Check In (1)   💾 Save

Last Name, First Name   M, 15-Oct-2018, 0Y   **MRN:** 11138   ✉ OHIP 0101010101
✏ Update   👥 Swap   📖 History 4   📄 Documents   **Phone(s):** 📱 (416) 461 4616   *The data you have entered is incorrect. Health card number canno...*
    📋 **Notes:** Patient specific profile note area

Appointments ⊕ Add Appointment

1)

☑	US Room Acme Digital Imaging	US Neck	7-Dec-2018 (Fri) 2:00 pm - 2:20 pm	For "Check In" select Priority and Referrer OHIP (HCP)	● Unconfirmed

▼ Linked documents (0) and Notes (1)

📋 Developer, Mr Velox
Appointment note that will turn into encounter note.

2) Regular ▼   OHIP (HCP) ▼   ✕
    Find by Name or Billing Nr.   🔍

History

Dr. Test, Test
Fax: (454) 545 4545, Billing Nr: none

7-Dec-2018   CR Abdomen (1) Checked-in   Dr. Test, Test
    Billing Nr: none

20-Nov-2018   US Pelvis On Hold   Dr. Test, Test
        US Elbow (R) On Hold   Billing Nr: none

    Dr. Test, Test
    Billing Nr: none

☰ View all encounters 4

3) ⊕ Add Referrer

Support: 416 699 4125. Velox Help Centre.

While selecting existing referrer or adding new referring physician information (marker 3) to check-in this patient, you can also select patient's encounter status, such as "Urgent" or "STAT", as well, choose billing type of patient's encounter, if necessary. (marker 2)

Once we have all the information properly selected, you will finish registration for this patient with the "Check in" option. (marker)

Registering Third Party & Self Paid & RMB

To start registering walk-in patients, it is very important to make sure you have the correct clinic information selected in the system. Top left corner in green tab, you are able to switch between clinics you are given access to
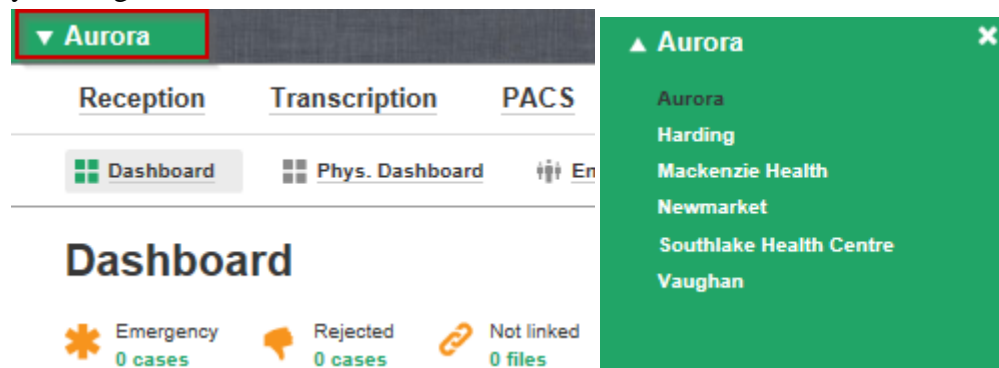
This is important, because when registering a walk-in patient, the system will put the patient in the location you have selected. You will be able to change & edit this information after creating an encounter, if necessary, but it's always good to make a habit of making sure you have the correct clinic location showing in the top right corner when first time you log in to the system.

Once you verify your clinic location information above, the next step is to go under the Reception tab,

into the "Registration" option.

Next step is to search for the patient's information within the system. Selecting correct patient's information is very important, to ensure that the patient's prior visit shows correct information for the radiologist. By either swiping the patient's health card in the reader, or by manually typing patient's information (marker 1), as well, searching for their last name, or phone number (marker 2), you are able to see if the patient has been to the clinic or not. (marker 3)

By selecting the correct patient under "Matching Patient Profiles", you will be able to review the patient's data under "Patient Profile" from their previous visit, for you to verify & update as needed.

If, after using multiple information to search for patient's, you don't find correct patient's info under "Matching Patient Profile", you will proceed with the "Create New Patient" button to proceed in creating the patient's profile. If you swiped patient's health card into the reader, the following information will auto fill into its place, based on Ministry of Health's data of patient:

- First & Last name of patient

- *Date of birth*

- *Gender*

- "MRN (Medical Record Number)" (marker 1) will be generated by the system automatically. Filling out all the information (marker 2) would allow you to better distinguish patients with same or similar names. "Notes" section (marker 3) allows you to create patient specific notes, such as a patient's disability or any noted/mentioned medical condition to be mindful of. You can scan any patient specific document into the patient's profile as well, using the plus icon next to "Documents". (marker 4)

After filling out the patient's information, and proceeding by clicking "Save", you will get to the final review page of the patient's walk-in encounter you're registering.
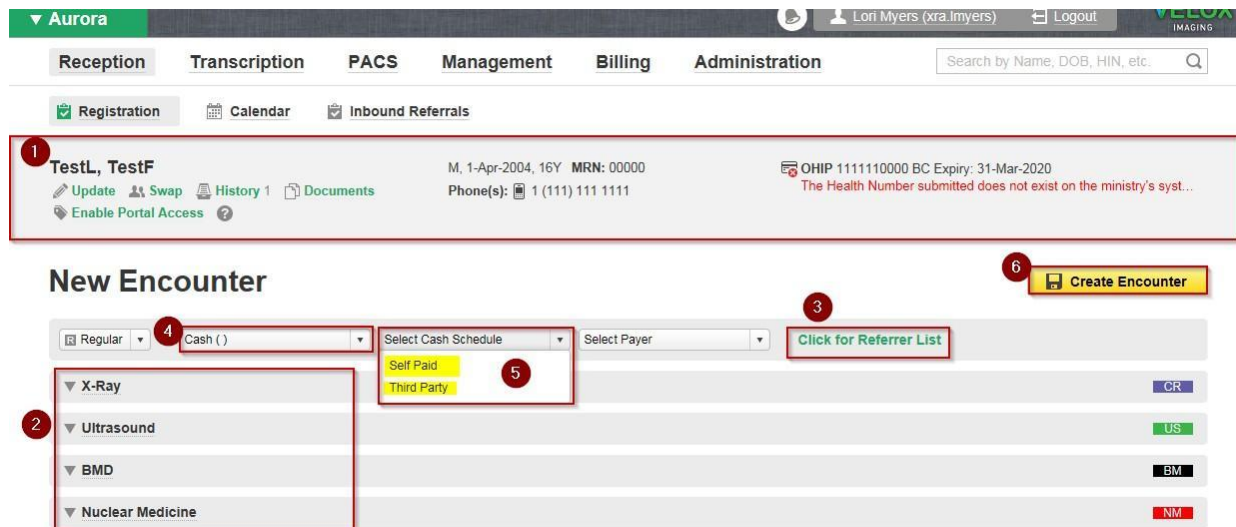
RMB AND WCB
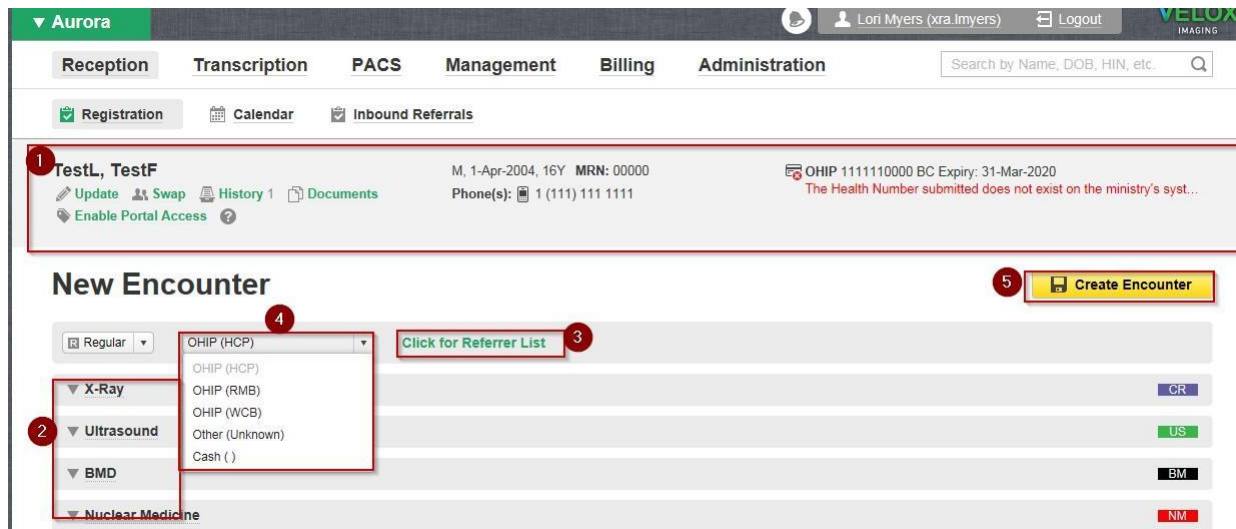
Here, you will verify and do final check on patient's information in Patient demography section (marker 1). You can select the service the patient will be getting, as many as you see fit (marker 2). In order to proceed with creating encounter (marker 5), you would need to have referrer selected in "Click for staff list" in Referrer section (marker 3). If you know in advance which status the encounter will need to be under (Regular, Urgent or STAT), you can use the drop down options to alter it. You can select cash (marker 4) The select Cash schedule will appear this is where you will pick Ohip RMB or Ohip WCB (marker 5)

Once you have everything set, proceed to finishing up walk-in patient's encounter with "Create Encounter" button (marker 6)

Scanning requisition:

- Go to the **Encounter** page of the patient you wish to scan **or** upload Requisition sheet onto.
- Under **Encounter Documents** in far right, click "+ **Add Document**".

- Bring your mouse cursor over **Requisition** to see two options:

A.   **Scan** – Scanning from scanner directly

B.   **Upload** – Uploading previously scanned requisition from PC

Finalizing Encounter

- Follow through <**Step 3) Opening your Worklist** >
- Put your mouse cursor over the encounter to click "**Edit Encounter**" button.

- This is what Encounter page looks like:

- Key areas to look at in order to verify all the information is there:
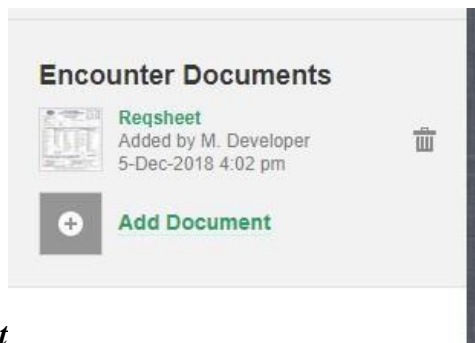
C. *Requisition sheet*

Make sure the document is scanned/uploaded here. If you are scanning requisition yourself, please click "Add Document" under Encounter Documents to either scan or upload.

D. *Assigning appropriate people to the case*
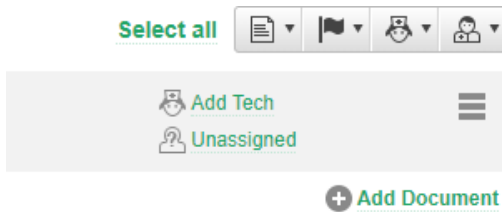
By left clicking on "Add Tech", as well as "Unassigned", you are able to assign yourself as technologist, and assign radiologist worklist who will be reading the case, if they are not assigned already.
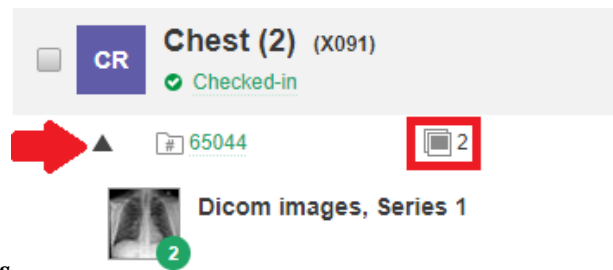
E. *Verifying of images*

You can verify the number of images by seeing the number next to picture icon, or by left clicking black arrow pointing downward, to expand and see details under encounter.

F. *Finalizing the case to be read by radiologist*

Left click on "Checked-in" status showing below service name, and set them to "Images attached"

status, in order to push the case to radiologist's worklist.

Services

+ **Add service**

Select all

☑ **CR** **Chest (2)** (X091)
  ✓ Checked-in

  👤 Min, Damien
  👥 Dr. Clooney, George

  ≡

▼ [#]

+ **Add Document**

Status

Checked-in
Images Attached
Dictated
Finalized
Archived

Typist Rejected
Reading Phys. Rejected
On Hold

? Help

Sinus Orders

Sinus X-Rays are no longer covered by OHIP

.It must be explained to the patient that it is a self-pay ($30). They must sign the consent form (attached).

Enter the patient as Self-Paid, collect the money, get the form signed and scan it with the requisition.

PATIENT REQUEST FOR NON INSURED SERVICES

I, _____am seeking treatment from

Dr._____for the purpose I am in need of a **Sinus X-Ray.**

I have been informed and I confirm that I am aware of the following:

1. I understand that the medically necessary components of a Sinus X-Ray is not covered by OHIP, and that I have been offered a self-pay option.
2. The Ministry of Health and Long-term Care does not consider Sinus X-Ray to be medically necessary and accordingly, they are not funded by OHIP. As a result, I will be personally responsible to pay for the services that I elect to receive.
3. The various treatment options available to me have been discussed with me in detail and it is my decision and desire, to have these x-rays at a cost of $30.
4. I have voluntarily chosen to receive the non-insured services outlined in the invoice.

Date: _____

PATIENT NAME: _____ SIGNATURE: _____

WITNESS NAME: _____ SIGNATURE: _____

X-RAY ASSOCIATES

Registering Chiropractor Cases

We must create **2 encounters** for Chiro patients **who need reports:**

- **Encounter that will be billed for ministry "OHIP (HCP)" (We are putting this case straight into "Archived" status after creating the encounter.)**

- Encounter that will be billed under **"Cash(OMA Prof Only - CHIRO)"** (This is where images & report will be.)

Creating encounter for **"OHIP (HCP)"**

1. Go under "Reception" into "Registration", and search for the patient's profile.

2. Search the patient info either via Health card, or last name & D.O.B.

- If patient **shows up** under "Matching Patient Profile", we will select that patient, verify patient info, then click **"Save"**.
- If patient **does not show up**, we will click "Create New Patient" button to register new patient.

3. Select the service for patient.

4. Fill out referring physician's information under *"Referrer: Click for staff list."*

5. Click **"Create Encounter"** on top right.

6. We are now on "Encounter" page. By default, encounters are created under "OHIP (HCP)". You Can verify this on bottom right corner of Encounter's page.

7. **Scan in Requisition sheet** under Encounter Document's **"Add Document"**.

8. Fill out the "Add Tech" to match technologist who will work on the service.

9. Under "Unassigned" section, we will assign **"Dr. Chiropractor, Dr."** for radiologist.

10. After we verify everything is correct, we will switch service status from "Checked-in" to **"Archived."**

Creating encounter for **"Cash (Chiro)"** (Where images & report will be)

1. Go under "Reception" into "Registration", and proceed searching for patient's profile.

   2. Search the patient info either via Health card, or last name & D.O.B.

- Since we registered the patient before and *"Archived"* the encounter, we should see the same patient.

   3. Select the same service for patient.

   4. Fill out referring physician's information under *"Referrer: Click for staff list."*

   5. Set the billing type to **"Cash (OMA Prof Only - CHIRO)"** just left *"Referrer: Click for staff list."*

   6. We are now on "Encounter" page. We should double check the billing parameter on bottom right corner of Encounter's page to see if it's under **"Cash (OMA Prof Only - CHIRO)"**.

- If we find this billing parameter to be wrong, click on "Edit" under the Billing name and search for "Cash (Chiro)".
- We need to click "Save" in order for the change to be applied.

   7. **Scan in Requisition sheet** under Encounter Document's **"Add Document"**.

   8. Click on **"Unassigned"** button under service and select the radiologist who will read this case.

   9. Leave this encounter for technologist to take images for.

   10. Once images arrive, change the status from *"Checked-in"* to *"Images attached"* for radiologist to read.

MAKING A CD

- Load blank CD/DVD into the computer.
- Go to the **Encounter** page of the patient you wish to burn images onto CD.
- Click "**Save Images**" just above referring physician information.
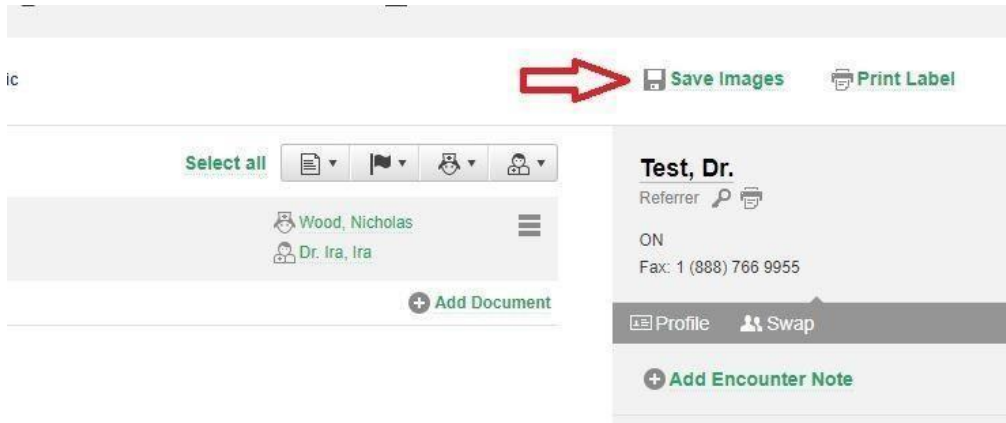
- Click "**CD/DVD Disk**" in dialog box (First option), then press "**Start**".
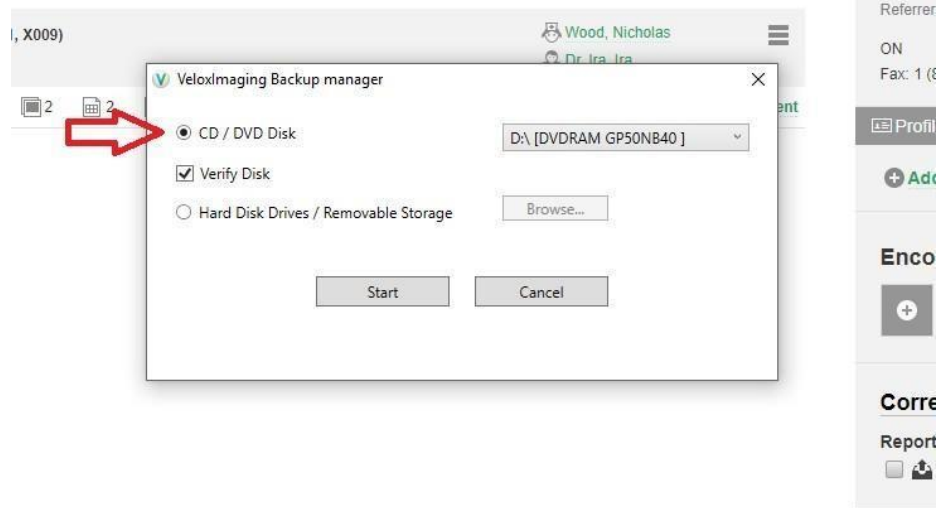
Burning will begin and status will be displayed.

Other Services in Velox

To Void a case:
- In the encounter tab, you will need to look for the patients encounter. Click on the 3 lines
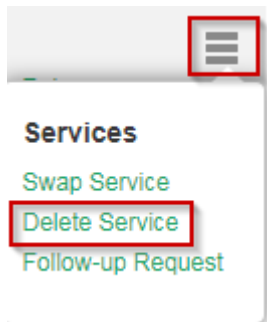
- Only Delete the service if images are not attached.

How to Swap Services

- In the encounter tab, you will need to look for the patients encounter. Click on the 3 lines
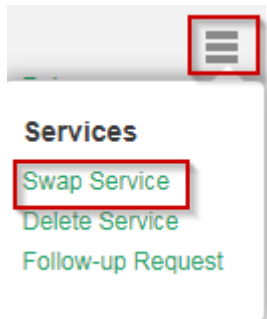
- When you swap a service, it is a one for one swap. If you need to add a service click on Add service

   To Fax a Report to another Doctor
   - To fax a report, you must first go to the correspondence on the encounter.
   - Click on add
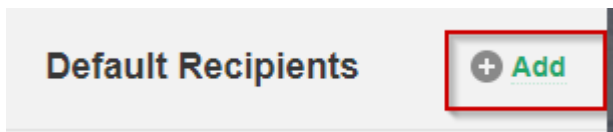
- Type in the doctors first name & Last name the doctors name will appear click on it and then save.

Add CC Recipient ✕ Clear Form   ✕

First Name	Last Name *	Fax *

Cancel   💾 Save

To Print a Report
- To Print a report, you must first search for the patient encounter
- Click on the pencil to open the encounter
- Click on the A, B, C click on preview (those are all reports)

    ↻   ↓   🖨

- Click on the printer icon to print
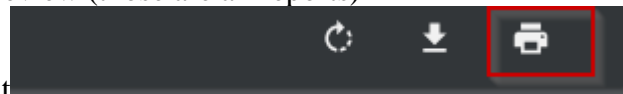
To print a Bag Label
- First locate the Patients information in the encounter
- Click on the pencil to open the encounter
- Click on Print label

💾 Save Images   🖨 Print Label
✂ Import Images

To Print a Receipt
- Search for the patient in the encounter page
- Click on the pencil to edit the encounter
- Scroll down to the billing section
- Make sure you have marked paid if the patient has paid
- Click on receipt another tab will pop up and you can print that page

Looking up Cases/ Reports in Velox

There are many ways to look up a patient in Velox You can either look up the patient by the global search or by accession number

Accession Number:

- Hover over Management, Click on Encounter on the right hand side where it says ACC. Number type in the accession number and click find.

Global Search:

- In the global search at the top right-hand corner you can type in the last name space first name (do not use a comma)

Consultations/2ⁿᵈ opinions

There are certain scenarios where the doctor can give a second opinion on reports:

1. If the patient had an X-ray at a different clinic, as well as having one done with X-Ray Associates, the Radiologist can compare
2. If the patient had an X-Ray at another clinic and the doctor wants a separate opinion, that can be done as well

In services you would look up Consultation and retrieve service hit Save

CHEST 2 VIEWS	PELVIS/HIPS FROG LEG 2 VIEWS	CLAVICLES TWO VIEWS	SINUSES
CHEST 2 VIEWS RESEARCH STUDY	HIPS/PELVIS 3 VIEWS	AC JOINTS 3+ VIEWS	ORBITS (TRAUMA)
CHEST 3 OR MORE VIEWS	HIPS 2-3 VIEWS	SCAPULAE 2 VIEWS	ORBITS PRE MRI
STERNOCLAVICULAR JOINTS 3V	FEMUR (3 VIEWS)	HUMERI 2 VIEWS	FACIAL BONES
STERNUM 2 VIEWS	KNEES 3- 4 VIEWS - WT. BEARING	ELBOW 2 VIEWS	NASAL BONES
RIBS 2 VIEWS	KNEES 1 VIEW - WT. BEARING	ELBOWS 3-4 VIEWS	MANDIBLE 4 VIEWS
IMMIGRATION CHEST PA	KNEES 2 VIEWS - WT. BEARING	FOREARMS 2 VIEWS	TEMPOROMANDIBULAR JOINTS 4 V
FAS IMMIGRATION CHEST PA	KNEES 5+ (TRAUMA/STRESS) WT BEARING	HANDS WRISTS 2-3 VIEWS	ADENOIDS
ABDOMEN (KUB)		HANDS/WRISTS 4 VIEWS	SOFT TISSUE NECK
ABDOMEN TWO VIEWS	TIBIA/FIBULA 2 VIEWS	WRISTS 2-3 VIEWS	LATERAL FACE FOR DENTAL ASSESSMENT
SPINE & PELVIS	ANKLES 2-3 VIEWS	WRISTS SCAPHOID 4+ VIEWS	
CERVICAL SPINE 2-3 VIEWS	ANKLES 2-3 VIEWS - WT. BEARING	HAND/WRIST/SCAPH 4 V	**SKELETAL SURVEYS**
CERVICAL SPINE 4/5 VIEWS	FEET 2-3 VIEWS	BI HAND/WRIST/SCAPH 4 V	ARTHRITIC BONE SURVEY
CERVICAL SPINE 6+ VIEWS	BOTH FEET 2-3 VIEWS - WT. BEARING	HANDS 2-3 VIEWS	ARTHRITIC BONE SURVEY
THORACIC SPINE 2+	FEET 4 VIEWS	HANDS 4+ VIEWS	SKELETAL BONE SURVEY
THORACIC SPINE 3+ VIEWS	CALCANEI 3 VIEWS	FINGERS 3 VIEWS	SKELETAL BONE SURVEY
LUMBAR SPINE 2/3 VIEWS	TOES 3 VIEWS	1 2 3 4 5 L	METASTATIC BONE SURVEY
LUMBOSACRAL SPINE 4/5 VIEWS	1 2 3 4 5 L	1 2 3 4 5 R	METASTATIC BONE SURVEY
LUMBOSACRAL SPINE 6 VIEWS	1 2 3 4 5 R		HANDS/WRISTS (BONE AGE) 1 VIEW
THORACO - LUMBAR SPINE 2-3 VIEWS			
SCOLIOSIS SERIES 2 VIEWS			**CODES**
SCOLIOSIS SERIES 4 VIEWS			CHEST-LORDOTIC
SACRUM AND COCCYX 2/3 VIEWS			IMMIGRATION CHEST RECALL 1
SACROILIAC JOINTS 2 VIEWS			IMMIGRATION CHEST RECALL 2
PELVIS ONE VIEW			IMMIGRATION CHEST 2
PELVIS 2 VIEWS			IMMIGRATION CHEST 3
QC			FEET 1 VIEW
QC			EYE FOR FOREIGN BODY
CD PERSONAL USE			EYE FOR LOCALIZATION, ADDITIONAL
CONSULTATION			FEET RESEARCH STUDY

Also print out any of our reports pertaining to the consult to attach to the file The patient must have:
- A signed referral/requisition from the requesting doctor.
- The specific reason for the consult must be written on the requisition
- Films or CD's and a copy of the corresponding report. This should be entered as a <u>new</u> case - "Walk in Patient"

Note:
- We do not do consults/comparisons for lawyers
- We do not do consults for chiropractic X-Rays
- Patients cannot request a consult

Minor Assessment code:
If a patient is entered for a procedure and cannot have the procedure completed (ex: the patient is too immobile, pregnant) then we must change the code to A331 – Minor Assessment. The tech will make a note on the procedure, and the Radiologist can dictate the situation and we can send a report to the doctor.

X-RAY ASSOCIATES

www.xrayassociates.org

FREE PARKING

OAR CBMD ACCREDITED FACILITY

Scan the QR code to visit our website xrayassociates.org

APPOINTMENT DATE _____ **TIME** _____

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ POSTAL CODE _____

TELEPHONE _____ DATE OF BIRTH ___ DD MM YY SEX ☐ M ☐ F

HEALTH CARD NUMBER _____ VERSION CODE _____

You must bring a completed Requisition Form and valid Health Card. Please arrive 10 minutes early to register

REFERRING PHYSICIAN

SIGNATURE ▶ _____ DATE _____

COPY TO

☐ **VERBAL**
CONTACT NUMBER

PHYSICIAN ADDRESS

CLINICAL INFORMATION - *MANDATORY, AS PER CPSO*

X-RAY - AURORA, NEWMARKET, RICHMOND HILL, VAUGHAN *(NO APPOINTMENT NEEDED)*

CHEST
- ☐ CHEST PA
- ☐ CHEST PA & LAT
- ☐ STERNUM
- ☑ R ☐ L RIBS & CHEST PA

ABDOMEN
- ☐ KUB (1 View)
- ☐ ACUTE (2 Views)

SPINE & PELVIS
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBO-SACRAL (LS)
- ☐ THOR-LUMB (T9-L3)
- ☐ SCOLIOSIS
- ☐ SACRUM & COCCYX
- ☐ S.I. JOINTS
- ☐ PELVIS

LOWER EXTREMITIES
- ☐ R ☐ L HIP
- ☐ R ☐ L FEMUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES No. 1 2 3 4 5

UPPER EXTREMITIES
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L A.C. JOINTS
- ☐ R ☐ L S.C. JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L HAND & WRIST
- ☐ R ☐ L WRIST
- ☐ R ☐ L SCAPHOID
- ☐ R ☐ L HAND
- ☐ R ☐ L DIGITS (Specify)

HEAD & NECK
- ☐ SKULL
- ☐ ORBITS
- ☐ ORBITS (PRE MRI)
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ T.M. JOINTS
- ☐ ADENOIDS
- ☐ SOFT TISSUE NECK

SKELETAL SURVEY
- ☐ ARTHRITIC
- ☐ METASTATIC
- ☐ BONE AGE

NON OHIP - Self Pay
- ☐ SINUSES
- ☐ FACE DENTAL ASSESSMENT

CARDIAC DIAGNOSTICS - AURORA, VAUGHAN

- ☐ ECHOCARDIOGRAM
- ☐ EXERCISE STRESS TEST
- ☐ ECG
- ☐ HOLTER MONITORING (24/48/72/1 wk/2 wk)
- ☐ AMBULATORY 24 HR BP MONITOR (non OHIP)

NEW!

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 REDISTRIBUTION (RE: VIABILITY)
- ** Includes Ejection Fraction*

GENERAL - AURORA
- ☐ BONE SCAN – WHOLE BODY
- ☐ BONE SCAN – SINGLE SITE _____
- ☐ BILIARY SCAN (HIDA)
- ☐ LIVER – RBC SPECT (RE: HEMANGIOMA)
- ☐ BRAIN SPECT
- ☐ OTHER _____

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN *(APPOINTMENT REQUIRED)*

OBSTETRICAL
- ☐ NUCHAL TRANSLUCENCY IPS (12-13 Weeks)
- ☐ < 16 WEEKS
- ☐ > 18 WEEKS
- ☐ BIOPHYSICAL PROFILE
- ☐ TWINS

GENERAL
- ☐ ABDOMEN
- ☐ PELVIC (M or F)
- ☐ FEMALE PELVIC and TRANSVAGINAL
- ☐ LIMITED RENAL AND BLADDER (KUB)
- ☐ SOFT TISSUE HERNIA
- _____

OTHER
- ☐ THYROID
- ☐ NECK
- ☐ TESTICULAR
- ☐ SOFT TISSUE PALPABLE LUMP _____

VASCULAR
- ☐ CAROTIDS
- ☐ R ☐ L VENOUS LOWER EXTREMITIES
- ☐ R ☐ L ARTERIAL LOWER EXTREMITIES
- ☐ R ☐ L VENOUS UPPER EXTREMITIES
- ☐ R ☐ L ARTERIAL UPPER EXTREMITIES
- ☐ AORTA (AAA SCREENING)

MSK
- ☐ R ☐ L SHOULDER
- ☐ R ☐ L ACHILLES TENDON
- ☐ R ☐ L PLANTAR FASCIITIS
- ☐ R ☐ L BAKER'S CYST
- ☐ R ☐ L GREAT TROCHANTER (for Bursitis)

CARDIAC
- ☐ ECHOCARDIOGRAM

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)*

  See Website for Link to High Risk Factors and Ministry of Health Billing information

- ☐ **Dexa Whole Body Composition** (non OHIP) **NEW!**

X-RAY ASSOCIATES

www.xrayassociates.org | Phone: 289.553.6336 (#2)

PATIENT INFORMATION

LAST NAME

FIRST NAME

ADDRESS

POSTAL CODE

TELEPHONE

DATE OF BIRTH

SEX
__ M
__ F

HEALTH CARD NUMBER

VERSION CODE

You must bring a completed Requisition Form and valid Health Card.
Please arrive 10 minutes early to register

CLINICAL INFORMATION MANDATORY, AS PER CPSO

REFERRING PHYSICIAN

SIGNATURE

DATE

COPY TO:

☐ **VERBAL**
CONTACT NUMBER

PHYSICIAN INFORMATION

PHYSICIAN NAME

ADDRESS

TELEPHONE

FAX

PRE-PLACEMENT ASSESSMENT FOR AVF (REQUIRES 2 APPOINTMENTS)

HISTORY:	No	Yes	CIRCLE SIDE(S)		
Previous access:	☐	☐	Right	Left	Both
Previous history of central lines:	☐	☐	Right	Left	Both
Previous surgery/trauma to either arm:	☐	☐	Right	Left	Both

Comments: _____

_____

CIRCLE DIALYSIS DAYS   M   T   W   T   F

VASCULAR

J201	☐		CAROTIDS
J202B	☐		AORTA (AAA SCREENING)
J202B	R	L	DIABETIC FOOT SCREENING
J202	R	L	VENOUS LOWER EXTREMITIES
GROUPS	R	L	ARTERIAL LOWER EXTREMITIES
J202	R	L	VENOUS UPPER EXTREMITIES
GROUPS	R	L	ARTERIAL UPPER EXTREMITIES

Vaughan

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

Tel: **289.553.6336**
Fax: 289.553.6339

Aurora

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

Tel: **905.751.1500**
Fax: 905.751.1505

FAX APPOINTMENT DATE, TIME AND RESULT TO:

☐ Vaughan   289.304.8725
☑ Mackenzie Hosp   905.883.2134
☐ Oak Ridges   905.773.4281
☑ York Nephrologists 905.508.2972

***FAX COMPLETED FORM TO X-RAY ASSOCIATES 289.553.6339

YOUR APPOINTMENT (NO PREPARATION NEEDED)

#1 DATE _____

TIME _____

☐ VAUGHAN   ☐ AURORA

#2 DATE _____

TIME _____

☐ VAUGHAN   ☐ AURORA

REV 05/17

Master list of X-Ray Codes

CHEST	
CHEST PA	X090
CHEST PA & LAT	X091
STERNUM	X040
STER-CLAV. JTS	X047
RIBS & CHEST PA	X039 + X090
ABDOMEN	
KUB (1 VIEW)	X100
ACUTE (2 VIEWS)	X101 + X090
SPINE & PELVIS	
CERVICAL SPINE	X202 OR X025 (Under 18)
THORACIC SPINE	X027 (2VIEWS) OR X204 (3 VIEWS)
LUMBO-SACRAL	X205 OR X028 (Under 40)
THOR-LUMB (T9 - L3)	X204
SCOLIOSIS	X031 (2 VIEWS)
SACRUM & COCCYX	X207
S.I. JOINTS	X035
PELVIS	X036
LOWER EXTREMITIES	
SHOULDER	X212
CLAVICLE	X045
A.C. JOINTS	X210
SCAPULA	X049
HUMERUS	X050
ELBOW	X215
FOREARM	X052
HAND & WRIST	X055
WRIST	X053
SCAPHOID	X218

HAND	X054 OR X219 (4 Views)
DIGITS	X221
HAND/WRIST/SCAPHOID	X220

SKULL	X001
SINUSES (Self pay only)	X008
MASTOIDS	X010
ORBITS	X018
FACIAL BONES	X004
NASAL BONES	X005
MANDIBLE	X012
T.M. JOINTS	X007
ADENOIDS	X020
SOFT TISSUE NECK	X020
SKELETAL SURVEY	
ARTHRITIC	X080+x08113
METASTATIC	X080+x08113
BONE AGE	X057

Master List of Ultrasound Codes

OBSTETRICAL	
NUCHAL TRANSLUCENCY	J168
<16 WEEKS	J167 OR J160 (High Risk)
>18 WEEKS	J159 OR J160 (High Risk)
BIOPHYSICAL PROFILE	J160
TWINS	J166+J160
GENERAL	
ABDOMEN	J136+J163 (Limited Pelvic)
PELVIC (M OR F)	J162+J138(Female Only)
TRANSVAGINAL	J138
PELVIC(M)	J162
OTHER	
THYROID	J105
TESTICULAR	J183+J202B
MSK SHOULDERS	J182+J193
SOFT TISSUE HERNIA	J182
SOFT TISSUE PALPABLE LUMP	J182
MSK ACHILLES TENDON	J182
MSK PLANTAR FASCIITIS	J182
ARMS ARTERIAL DOPPLER MAPPING 1	J202
ARMS ARTERIAL DOPPLER MAPPING 2	J202
VASCULAR	
CAROTID	J201
VENOUS LOWER EXTREMITIES	J202
ARTERIAL LOWER EXTREMITIES	B- ART LOWE EXTREM. BOTH

Master List of Bone Mineral Density

BASELINE (one per lifetime)	X146
2ND TEST LOW RISK (after 36 months)	X153
SUBSEQUENT LOW RISK (after 5 years)	X148
HIGH RISK (after 1 year)	X155

Master List of all Nuclear Medicine codes
ALL UNDER GROUPS IN RIS

CARDIOLOGY	AURORA VAUGHAN
EXERCISE MYOCARDIAL PERFUSION IMAGING (TAKES 5-6 HOURS)	Groups- MYOT1DAY- EXERCISE MPI GATED STUDY- G319 + J807+J808+J809+J813+J866+G315
PERSANTINE MYOCARDIAL PERFUSION IMAGING (TAKES 5-6 HOURS_	Groups- MY0P1DAY- PERSANTINE MP1 GATED STUDY- G111+ J807+ J808+J809+J813+J866+G112
RESTING RADIONUCLIDE VENTRICULOGRAM (MUGA)	Groups- MUGAP1 MUGA P1
THALLIUM REST AND REDISTRIBUTION (RE: viability)	
GENERAL	**AURORA**
BONE SCAN - WHOLE BODY	Groups- TBBFSP1- TB BONE SCAN- FLOW AND SPECT P1 J850+J866+J867
BONE SCAN - SINGLE SITE	Groups- TBBFSP1- TB BONE SCAN- FLOW AND SPECT P1 J850+J866+J867
BILIARY SCAN (HIDA)	
LIVER- RBC SPECT (RE: hemangioma)	Brain Spect J166, J167 and J858.

Referring Physician

Must be correctly selected as to name and address.

Some physicians practice in more than one office. We need the report to go to the **correct location** that the patient attended.

Always confirm the doctor's full name and the address seen with the patient and make a check mark or initial on the label or beside the physician signature or stamp that you have verified after registration!!

Warning: If you select the wrong referring physician, then the correct physician does not get the report. If the report is abnormal, the referring physician and patient need to know **ASAP** so that appropriate follow up care can be arranged.

If the patient suffers due to the error and delay, they may choose to take legal action against us and you may be named too. **Lawyers go for everyone involved!**

To date clerical staff, select the wrong referring physician approx. 5-10 times per week. We discover this error when the actual referring physician calls us for the late report or if the incorrect physician faxes us to let us know.
We have recently had situations, in which the wrong doctor was selected, the wrong exam was performed and the error of this was not discovered until over a month later.

Billing Concern: Not only is the care of the patient compromised but we have an administrative nightmare to correct the system with the correct physician and to have the billing adjusted properly with OHIP.

ERRORS: Please note that errors will not be tolerated forever. If you are discovered to consistently make errors that jeopardize the care of our patients and the clinics reputation you will receive discipline up to and including immediate discharge.

Doctor Information

To add a new doctor to the system you require:

The doctor's full name, provider number, complete address, phone number and fax number. You will also need the doctor's CPSO number. This is required in order for the doctor to have access to the HRM system.

If the doctor has multiple addresses, please double check with the patient which office they saw the doctor to make sure the report gets sent to the right clinic.

What if I cannot read the Doctor's signature?

If you cannot read the doctor's signature, please ask the patient if they have a business card from the office. If they do not know who they saw then enter the doctor as Dr. AAA.
Ask the patient for the address of the location where they were seen. Call that office and confirm who saw
the patient and ordered the exam. Ask for another requisition with the printed name below. If you cannot confirm who ordered the exam, explain to the patient that the test cannot be done, as we will not know who
to send the report to.

Once completed send to PACS Admin at Head Office

REGISTRATION CHEAT SHEET:

1. **Make sure you send the report to the RIGHT DOCTOR AT THE CORRECT LOCATION. This is VERY important! Not only does it affect billing, but it affects patient care!**

2. Check the requisition to see if a VERBAL or STAT has been ordered.

3. Make sure you add in the correct CC doctor if indicated on the requisition.

4. Go through the requisition thoroughly to ensure you have entered all the codes, and that you chose the correct side.

5. For lumbar spine: if the patient is under 40 years of age use Lumbar Spine 2/3 Views.
   Over 40 use Lumbosacral Spine 4/5 Views

6. If a patient has a requisition for a hip and pelvis X-Ray we process it together. We use Pelvis and/or R or L Hip. This is the code for HIP/PELVIS if the doctor is ordering both Hips and Pelvis

7. When you enter in a new doctor, make sure you tell the PACS Administrator, so they can enter it into the system as well as fill out the Quality Assurance Form.

8. For skeletal/arthritic survey enter Skeletal or Metastatic or Arthritic survey.

9. Patient images are available on the "Patient Portal" access which they may request at time of their exam or at any point thereafter.

10. When the Immigration/Emigration patient who is going to the USA on a work Visa, burn a CD.

11. If the patient's health card is expired, INFORM the patient that their health card is expired and they need to contact the ministry of health to renew the Health Card. DO NOT turn the patient away, have them fill out the Health card release form.

12. If a patient believes they are pregnant, and still want to go through with the X- Ray, they must sign a pregnancy form. This form must then be scanned into the system.

> **Minor Assessment code**:
> If a patient is entered for a procedure and cannot have the procedure completed
> (ex: the patient is too immobile, pregnant) then we must change the code to A331
> – Minor Assessment. The tech will make a note on the procedure, and the
> Radiologist can dictate the situation and we can send a report to the doctor.

Billing

When patients come into our offices for any service, the company must get paid for two separate fees: The Technical fee and the Professional fee.
- The Technical fee is for the equipment being used, and the technician that is performing the test
- The Professional fee is the interpretation of the results. (the Radiologist reading the images and dictating the report)

There are three different types of billing that X-Ray Associates is involved with:

1. **OHIP** – Patient has a valid Ontario Health Insurance Policy card. In this case, the patient does not pay for medical services. The Ministry of Health pays the company for both the technical and professional fees.

2. **Private**: Either the patient does not have a valid Health Card, or is needing our services for non- medical reasons (i.e. Immigration, TB test for volunteers, school, work-related, etc.)

3. **Third Party**: Someone other than OHIP is paying for the patient's services (Blue Cross, Unison Health, Pickering College, etc.)
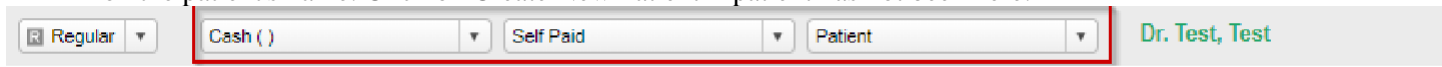
Immigration/ Emigration

There are three types on Immigration and or Emigration

1. Immigration (coming into Canada) - The patient will come in with a requisition and form from Dr. Zatzman or Dr. Moussadji which will have the patient's picture and UMI OR IME number. (please verify address and DOB is correct)

2. USA Immigration- (moving to USA) – The patient will come in with forms from Dr. Zatzman as well as a requisition.

3. Emigration – (Leaving Canada) - The patient will come in with a form from Dr. Zatzman which will have the patient's picture and TRN, HAP, IME or UMI. (Please verify address and DOB is correct)

Entering Immigration and Emigration into Velox

- Step 1: hover over reception
- Step 2: click on registration
- Step 2B- search for the patient's name or type in patients name if patient has been there before click on the patient's name. Click on Create New Patient if patient has not been here.

| R Regular ▼ | Cash ( ) ▼ | Self Paid ▼ | Patient ▼ | Dr. Test, Test |

- Step 5: click on cash, self-paid, patient
- Step 6: pick the exam that will need to be done
- Step 7: click on add referrer
- Step 8: click on Create Encounter
- Step 9: In the encounter click on Pay and type in the amount the patient paid
- Step 10: click on Receipt
- Click on the print icon

Medavie Blue Cross- ALL REFUGEE PATIENTS
There will be an ICON on your desktop named BLUE CROSS click on that which will take you to the login information

USER NAME: A236274

Password: Summerjune2024$

How to Verify Claim

Open the Blue Cross icon on your desktop Click on Health professionals
It will now take you to a login page type in the username & Password

Step 1: Under Patient Identification where it says Program click on the drop-down menu and highlight interim Federal Health Program (IFHP)

Step 2: Under Identification Number type in the UCI

number from the Refugee paper Step 3: Click Search

Step 4: Under patient information look for the coverage section and it will tell you if the patient is covered.

EXAMPLE OF PATIENT COVERAGE VERIFICATION

Refugee Status

Patients must have:
Refugee Paper Requisition form

CANADA

DD184 202 292

D300014176

REFUGEE PROTECTION CLAIMANT DOCUMENT

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE *IMMIGRATION AND REFUGEE PROTECTION ACT*

Application No: L010007366

UCI: 63081332

CLIENT INFORMATION

Family Name:
Given Name(s):
Date of Birth:
Sex: FEMALE
Country of Birth:
Country of Citizenship:
Date Issued:
Expiry Date: 2016/03/11

ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration Refugee Board.

As of 2014/03/12 the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services.

I, the undersigned
- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance;
- understand that it is my responsibility to renew this coverage before 2015/03/12 and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.

Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned   Money in possession   Minister

NOT VALID FOR TRAVEL

If a patient does not have OHIP coverage, they may be covered under Refugee status, which is government protection

We MUST see the original document to prevent fraud. It is also imperative to check the Eligibility of the patient

Entering Immigration for Refugees

- Step 1: hover over reception
- Step 2: click on registration
- Step 2B- search for the patient's name or type in patients name if patient has been there before click on the patient's name. Click on Create New Patient if patient has not been here.

| Regular ▼ | Cash ( ) ▼ | Third Party HCP ▼ | Blue Cross- Medavie ▼ | **Click for Referrer List** |

- Step 5: click on cash, Third Party HCP, pick the type of Payer Ex. Blue Cross-Medavie
- Step 6: pick the exam that will need to be done
- Step 7: click on add referrer
- Step 8: click on Create Encounter
- Step 9: click on the Receipt
- Step 10: click on the print icon

Special Immigration cases:

Immigration Recall:

If a patient comes in with a furtherance form from the government:
- Sometimes the patient will only come with the form, or sometimes with the application form
- Find the Patient in RIS
- Create a New Visit
- Self-Paid – Private fee
- Use Recall codes

If the Radiologist asks for more views:
- More often than not, the patient will come back with a new requisition and application form
- Find the patient in RIS
- Create a New Visit
- Self-paid – Private fee
- Use recall codes

Immigration Chest 1 view: v111 Fee is $75

Immigration Chest Recall 1 view: v100 the fee is $50

Immigration Chest Recall 2 views: v200 the fee is $60

NB: IF UNSURE OF HOW MANY VIEWS ASK THE XRAY TECHS

Chiropractors

Chiropractors specialize in the diagnosis and treatment of problems that affect the alignment of the muscles and bones in the body.

Chiropractors CANNOT order Ultrasounds, Chest X-ray, skull xray or Bone Age xray

Entering a Patient for Chiropractic Procedure

All chiropractor provider numbers begin with 8.

Registering Third Party & Self Paid & RMB

To start registering walk-in patient, it is very important to make sure you have the correct clinic information selected in the system. Top left corner in green tab, you are able to switch between clinics you are given access to
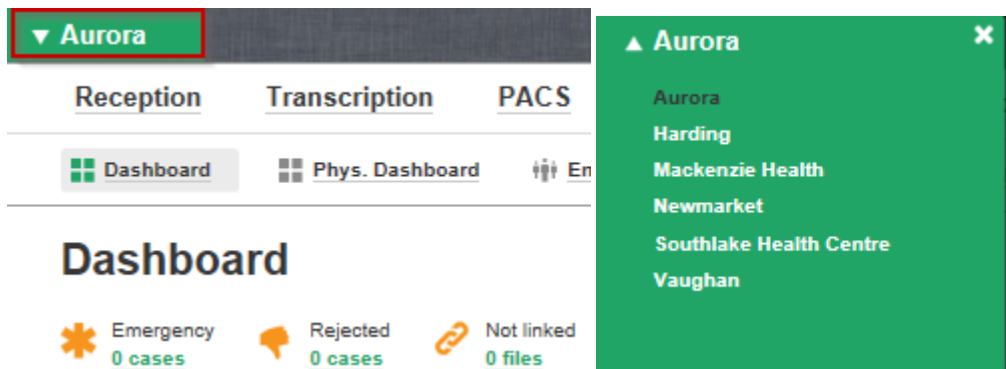
This is important, because when registering walk-in patient, system will put patient in the location you have selected. You will be able to change & edit this information after creating encounter, if necessary, but it's always good to make habit of making sure you have the correct clinic location showing in the top right corner when first time you log in to the system.

Once you verified your clinic location information above, the next step is to go under Reception tab,
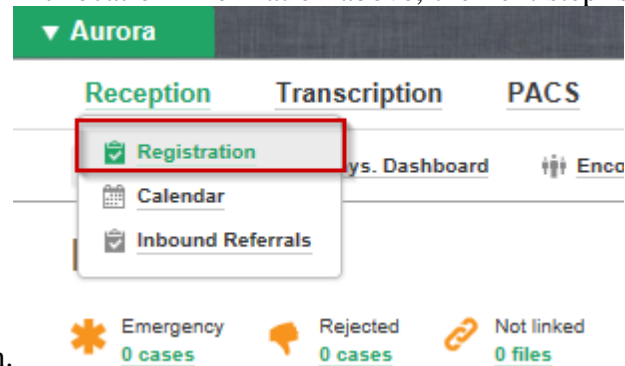
into "Registration" option.

Next step is to search for the patient's information within system. Selecting correct patient's information is very important, to ensure that patient's prior visit shows correct information for radiologist. By either swiping patient's health card in reader, or by manually typing patient's information (marker 1), as well, searching for their last name, or phone number (marker 2), you are able to see if patient has been to the clinic or not. (marker 3)

By selecting correct patient under "Matching Patient Profiles", you will be able to review patient's data under "Patient Profile" from their previous visit, for you to verify & update as needed.

If, after using multiple information to search for patient's, you don't find correct patient's info under "Matching Patient Profile", you will proceed with "Create New Patient" button to proceed in creating

patient's profile. If you swiped patient's health card into the reader, the following information will auto fill into its place, based on Ministry of Health's data of patient:

- First & Last name of patient

- *Date of birth*

- *Gender*

- "MRN (Medical Record Number)" (marker 1) will be generated by the system automatically. Filling out all the information (marker 2) would allow you to better distinguish patients with same or similar names. "Notes" section (marker 3) allows you to create patient specific note, such as patient's disability or any noted/mentioned medical condition to be mindful of. You can scan in any patient specific document into patient's profile as well, using plus icon next to "Documents". (marker 4)

After filling out patient's information, and proceeding by clicking "Save", you will get to final review page of the patient's walk-in encounter you're registering

Print out a receipt and send to Head Office

NB: The Reciprocal Medical Billing (RMB) was put in place to ensure that Canadian citizens can go to other provinces and have medical coverage. The province of Quebec decided not to take part in this.
Therefore, if a citizen of Quebec comes for any medical services, they **MUST** pay the OHIP fee, as their health card is not recognized by this system.

3. If a Patient is with the RCMP
- Enter in the Patient's Demographics
- Personal- Use appropriate provincial/territory Health Card
- Work Related – Bill Blue Cross

- Use the **OHIP Fee**
- The patient must fill out the RCMP Hospital Services form (white with pink headings.
    - Give the yellow copy to the RCMP officer, and send the white one to Head Office
- Make a photocopy of the RCMP Card and print out a receipt. Send to Head Office.

4. Health Card Not Valid

- If you receive an error message saying the card is not valid, we can still accept the patient.
- Get the patient to fill out a Health Number Release Form
- Make a copy to give to the patient, and send the original to Head Office
- Notify the patient that if they do not call back with the new version code they will be charged the fee for the services

1. **If patient does not have a health card, but asks us to bill their insurance company.**
    a. We will NOT accept that. The patient has to pay for the X-Rays, then collect from their insurance company
    b. Enter the patient into the system as if self-pay
    c. In the services screen, use the Private fee
    d. Print a receipt for the patient and send one with the money to Head Office
    e. There is no guarantee that Insurance companies will pay for the exam, which is the reason why we do not take Insurance Cards

Vaughan Community Health Centre

Vaughan community Health Centre (VCHC) is a nonprofit community governed organization funded by the provincial Ministry of Health through the Central Local Health Integrated Network. VCHC strives to increase accessibility to health services for all VCHC clients.

Bill to Third Party Billing Step by step instructions
- Manually enter Patient information
- Change to services screen
- Pick correct Referring doctor
- **Bill to Third Party**
- Fee type **OHIP**
- Third party payee: **Vaughan Community Center**
- Choose correct code for X-Ray
- Press OK
- Save
- **Photocopy the letter brought by the patient and print a receipt which we send to Head office**

UNISON HEALTH & COMMUNITY SERVICES

A group of Midwives throughout York Region.

Use same procedure as above except use Union Health Com Svcs as Third Party

Debit Machine/ Credit Card/ Cash

All offices accept Debit or Credit as a method of payment. ***We only use cash as a last resort.*** The debit machine can take any Debit card, VISA, MASTERCARD, DINERS CLUB. The machine can also do refunds.

Please leave detailed information regarding any sales/ refunds issued from the debit machine. Please attach the receipt from the debit slip to the printed receipt. For all cash, please place it in a zipped cash bag at the end of the day, please have all receipts collected and placed in the sealed courier envelope.

Vaughan office: all monies must be given to head office by 4pm.
NEVER LEAVE CASH OUT IN THE OPEN

How to give Refund to patient

1. Click F4(refund)
2. Password:123456
3. Type amount for refund
4. Orig Auth #1234
5. Insert Debit Card

Please leave detailed information regarding any refunds issued by the debit machine. Please attach the receipt from the debit slip to the printed receipt

How to print end of day Debit totals
1. Press the 1st purple button on the right-hand side
2. Press F4 (merch Subtotals)
3. Press F2(stored Tran rpt)
4. Press F1 (Date)

Modalities

X=Ray Associates offers many different modalities for patient care. These include:

- X-Ray – All clinics
- Ultrasound – Aurora, Newmarket & Vaughan
           Vascular Aurora and Newmarket
- Bone Mineral Density & Body Comp– Aurora & Vaughan

- Nuclear Medicine – (Cardiac/Muga) Aurora & Vaughan
  - Bone Scans Brain Spect and DaT Scan (on hold) , Aurora only
  - ECG, HOLTER BP Monitoring: Aurora only

HOURS OF OPERATION:

Vaughan: Monday & Tuesday 8-7, Wednesday - Friday 8-4, Saturday 8-2.
Newmarket: X-Ray: Monday and Thursday 8-4 (subject to change) US Monday, Tuesday 8-5, Wednesday - Friday 8-4
Aurora: US: Monday – Tuesday 8-7, Wednesday – Friday, Saturday 8-2
        X-Ray: Tuesday 8-7, Wednesday – Friday 8-4, Saturday 8-1
Each modality will be explained further in this section.

Booked Appointments and Preparation:

X-ray: walk in patients no appointment necessary
BMD, NM and Ultrasound: Booked appointments. BMD and US may be done on a walk-in basis.

Times for bookings by procedure have been made in the RIS booking module. If there is an urgent exam that is added, record the time the patient was given in brackets. Do not give them the same time as the other double-booked patient. Make it at least 15 minute difference.

Preparation:

X-RAY ASSOCIATES

FREE PARKING • SCENT FREE FACILITY • NO SCENTS...IS GOOD SENSE!

PATIENT PREPARATION INSTRUCTIONS ARE IMPORTANT.
YOUR EXAM MAY BE CANCELLED IF YOU HAVE NOT FOLLOWED YOUR PREPARATION.

ULTRASOUND - AURORA, NEWMARKET, VAUGHAN

ABDOMEN / AAA:
Nothing to eat or drink 8 hours prior to your appointment (except water to swallow necessary medications).

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** BEFORE your appointment. Do not void.

PELVIS / OBSTETRICAL / KUB:
A full bladder is necessary. FINISH drinking 40 ounces/1 Litre of clear fluid **1 hour** BEFORE your appointment. Do not void. Child Pelvis 2-8 yrs. 2 cups of water.

MALE PELVIS & KUB:
Patient to arrive with a full bladder. (Follow instructions for a pelvis exam).

NO PREPARATION REQUIRED:
Abdomen Limited for Hernia, Thyroid, Testis, Soft Tissue Lump, MSK, Neck, Vascular

CARDIOLOGY PROCEDURES - AURORA

- **Echocardiogram:** Allow 1 hour. No Prep necessary
- **Exercise Stress Test:** Allow ½ hour. Wear comfortable clothing and running shoes and have only a light meal. Check with your doctor to see if you need to stop taking some of your medication before the test. Do not work out the same day of the test.
- **ECG:** 15 minutes. No Prep necessary
- **Holter Monitor/ BP Monitor:** allow 20 minutes. The recording device is returned immediately after the completion of the monitoring. DO NOT get it wet! (i.e. no showering with the device on.)
  Holter: the device is worn continuously to detect any abnormal heart rhythm.
  BP: the device takes your blood pressure every 20 – 60 minutes.
  This is Non OHIP and a fee must be paid at the time of the exam.

If you are pregnant or think you might be, please talk to your doctor before having an x-ray. Women who think they may be pregnant should not have an x-ray, NM, BMD/Body Comp during the last two weeks of their menstrual cycle.

BMD & DEXA BODY COMP - AURORA, VAUGHAN

It is preferable to wear clothing without zippers or fasteners (e.g. jogging suit or leggings). On the day of the examination do not take calcium supplements or iron tablets until after the examination.

NUCLEAR MED. PROCEDURES - AURORA, VAUGHAN

MYOCARDIAL PERFUSION IMAGING PROCEDURES:
This test may be completed in one or two days.
- DO NOT breast feed for 48 hours post study
- Please bring medications and puffers.
- *No caffeine (chocolate, soda pop, tea, coffee, including decaffeinated) for 24 hours prior to your test!*
- Nothing to eat 4 hours before your test. (**BILIARY SCAN PREP** also!)
- If you are booked to exercise on a treadmill – wear a T-shirt, shorts or sweatpants and running shoes.
- If you are 300lbs or more please let the booking staff know. The test must be done in two days rather than one.

DIABETICS:
A. If on insulin: light breakfast the morning of the test and take half the usual morning insulin dose.
B. 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)
- Pain medication containing caffeine (i.e. Tylenol #2, #3)

Stop for 48 hours before the test
- Atenolol (Tenormin)
- Nadolol (Corgard)
- Bisoprolol (Monocor)

Stop for 7 Days before the test
- Theophylline (Aminophylline)
- Aggrenox (Dipyridamole/ASA) - for Persantine procedure
- Cialis, Viagra, Levitra

BRAIN SPECT: No caffeine, cannabis and alcohol. NO smoking on test day. Remain on all medications unless specified by a doctor.

Newmarket

Ultrasound - By appointment only,
X-Ray - Walk in Clinic
Now Free Parking!

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

Tel: **905.895.1313** • Fax: 905.895.6231

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

Aurora

Ultrasound, Nuclear Medicine, Cardiac Diagnostics, BMD/Body Comp
- By appointment only,
X-Ray - Walk in Clinic

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

Tel: **905.751.1500** • Fax: 905.751.1505

Mon - Tues 8:00 am - 7:00 pm
Wed - Fri 8:00 am - 4:00 pm
Sat 8:00 am - 1:00 pm
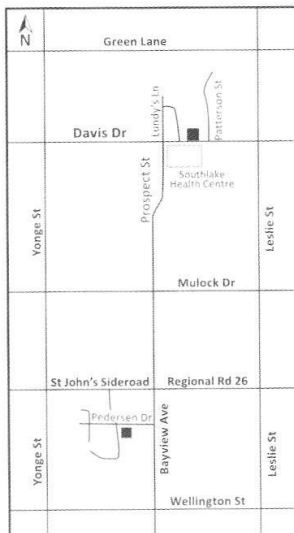
Vaughan

Ultrasound, Nuclear Medicine, BMD/Body Comp - By appointment only,
X-Ray - Walk in Clinic

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

Tel: **289.553.6336** • Fax: 289.553.6339

Mon - Tues 8:00 am - 7:00 pm
Wed - Fri 8:00 am - 4:00 pm
Sat 8:00 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 - Fri 8:00 am - 3:00 pm
Sat CLOSED

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs , such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

REV 03/23
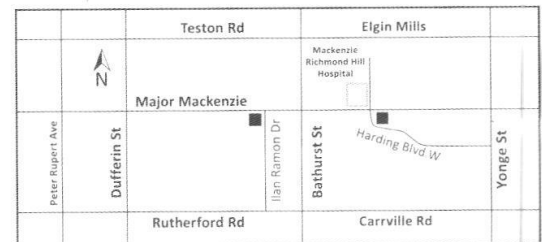
X-Ray (All Clinics)

X-Rays are a form of electromagnetic radiation, just like visible light. In a health care setting, an x-ray machine sends individual x-ray particles, called photons. These particles pass through the body. All of our X-Ray procedures and other modalities are digital images and are stored in a computer storage device. All images can be retrieved and burnt on a CD for transfer if required.

Structures that are dense (such as bone) will block most of the x-ray particles, and will appear white. Metal and contrast media (special dye used to highlight areas of the body) will also appear white.
Structures containing air will be black, and muscle, fat, and fluid will appear as shades of gray. X-Rays are done on a Walk-in basis. No appointment necessary.

Note that with some X-Rays, there will be different views associated with the study. If unsure, ask the tech as to how many views are required for the test.

Different X-Ray Positions

(AP) Anteroposterior view X-Rays are directed from the front toward the back of the body
(PA) Posteroanterior view Body faces the X-Ray tube
(LAT) Lateral **View** X-Rays are passed through the side of the body
Lordotic View is a type of view with your posture slightly bent back on the plate. This is to get a better view of the apex of your right lung.
Oblique – Patient positioned at an angle
Supine – Body lying face up on the back
Prone – body is lying face down on the abdomen

Radiation and Pregnancy:

Extreme care should be taken to ensure the patient is checked in for the correct exam. An error during registration can cause an X- Ray error and unnecessary radiation to the patient.

Women of childbearing age must be checked to make sure they are not pregnant. If an x-ray is ordered on a pregnant patient, the technologist will confirm that x-ray is the correct modality and will verify with a radiologist the number of views.

X-RAY ASSOCIATES

www.xrayassociates.org

PREGNANCY RELEASE FORM

This is to advise that I, _____

date of birth _____ am _____ weeks pregnant

with an expected date of delivery _____.

I wish to have a _____ X-Ray exam.

I am fully aware of the possible risks to my pregnancy and absolve the radiologists and the staff of X-Ray Associates of all responsibility for any resulting X-Ray related problems.

Patient Name: _____
Signature: _____
Date: _____

Witness name: _____
Signature: _____
Date: _____

Ultrasound (Aurora, Vaughan, Newmarket)

Uses high frequency sound waves to image internal soft tissues, allowing continuous viewing while organs are still in motion.

Ultrasounds are done by appointment mostly but patients can also be taken on a walk-in basis if there is time for the procedure and the patient is properly prepared. ALL emergencies, i.e. R/O DVT, ectopic, limited OB from midwives must be accommodated and staff are expected to stay late.

Abdomen Ultrasound:
Prep: No eating/drinking 8 hours prior to the appointment Code: J135 + J163

Pelvic Ultrasound:
Prep: FINISH 1 Liter of water 1 hour prior to appointment, do not void Code: Male + Female J162 (females add J138)

Abdomen/Pelvic Combination
Prep: Empty stomach, full bladder
Code: J135 + J162 (For females add J138)

Small Parts (Thyroid, Scrotal, SST) ** Scrotal Not done @Newmarket
Prep: none
Scrotal: J202B, J183 Thyroid or Neck: J105 SST: J182

Shoulder
For all shoulder ultrasounds J182 For Bilateral shoulders, J182 X2

Obstetrical Ultrasounds:
- Dating: Book a pre-16 week, **J157. Only use this code once** during this time period.
- If the patient has already had one pre-16 week US all other US should be booked as a HR us, J160 until they reach 16 weeks (A patient will not necessarily stay high-risk after they have reached 16 weeks)
- Integrated Prenatal Screening (IPS) done between 11-13 weeks to screen for down's syndrome, right after the ultrasound, they MUST do their blood work.
- If the patient is having twins for IPS enter –J168+J169
- All twins you enter J160 and J166
- If there are more than 2 babies you will need to enter the number after the second 6. Therefore, Triplets enter J1662 + J160
Prep: Full bladder
Codes: J157 (pre-16), J159 (post 16), J168 (IPS), J160 (high-risk) J166 (Multiple Gestation)

Venous Doppler/Carotids (Aurora/Vaughan ONLY)
Prep: none Code: J202 (Leg Doppler) Only 1 Doppler code even if both legs are done
Arterial Legs– Group Codes (ARTLEGXB), (ARTLEGXL), (ARTLEGXR)
Aurora Venous Arms – (ARTARMXB, ARTARMXL, ARTARMXR)

ULTRASOUND BOOKING TIMES		Revised January 5, 2023	
Abdomen	30 Minutes	J135	
Abdomen + SST	30 Minutes	J135 + J182	
Abdomen + Hernia	45 Minutes	J135 + J182	
Abdomen + Pelvic (M) (M/F<18 yrs)	45 Minutes	J135 + J162	
Abdomen + Thyroid	45 Minutes	J135 + J105	
Abdomen + Pelvic (F)	60 Minutes	J135 + J162 (J138)	
Abdomen + Pelvic +/-Transvaginal + Thyroid	75 Minutes	J135 + J162 + J138 + J105	
Abdomen+Pelvic+Scrotal+Thyroid	75 Minutes	J135 +J162+ J183 + J202B + J105	
Abdomen+Pelvic +Scrotal	60 Minutes	J135 + J162 + J183 + J202B	
Abdomen+Pelvic +/- Transvaginal +Hernia	60 Minutes	J135 + J162 + J138 + J182	
Renal Ultrasound + Pelvic	30 Minutes	J128 + J162	
Renal Ultrasound + Pelvic + Transvaginal	45 minutes	J128 + J163 + J138	
Abdomen Limited	30 Minutes	J128	
Urgent Appendix (F)	Emerg	J128+J162+J138+J202+J182	
Urgent Appendix (M)	Emerg	J128+J162+J182	
Pelvic (F) +/ - Transvaginal	30 Minutes	J162 + J138	
Pelvic (F) +/- Transvaginal + Thyroid	60 Minutes	J162 + J138 + J105	
Pelvic (F) +/ - Transvaginal + SST	30 Minutes	J162 + J138 + J182	
Pelvic (F) +/ - Transvaginal + Hernia	45 Minutes	J162 + J138 + J182	
**Pelvic (M) (F<18)	30 Minutes	J162	
Pelvic (M) + Thyroid	30 Minutes	J162 + J105	
Pelvic (M) + SST	30 Minutes	J162 + J182	
Pelvic (M) + Hernia	45 Minutes	J162 + J182	
Pelvic (M) +Scrotal	45 Minutes	J162 + J183 + J202B	
Pelvic Limited	15 Minutes	J163	
OBS Pre 16	30 Minutes	J157	
OBS Nuchal Translucency (IPS)	30 Minutes	J168	
OBS HR Pre 16 wks	30 Minutes	J160	
OBS Twins Pre 16 wks	30 Minutes	J160 + J166	

OBS Triplets Pre 16 weeks	60 Minutes	J160 + J1662	
OBS Nuchal Translucency (IPS) Twins	60 Minutes	J168 + J169	
OBS Post 16 (Anatomy)	60 Minutes	J159	
OBS HR Post 16 wks	45 Minutes	J160	
OBS Twins Post 16 wks	90 Minutes	J160 + J166	
OBS BPP	45 Minutes	J160	
OBS Limited	30 Minutes		
Thyroid/Neck (parotid, submandibular glands)	30 Minutes	J105	
Thyroid/Neck + Carotid	60 minutes	J105 + J201	
Thyroid/Neck + SST	30 Minutes	J105 + J182	
Testical (Scrotal)	30 Minutes	J183 + J202B	
Testical (Scrotal)+ Hernia	30 Minutes	J183 + J202B + J182	
SST - Soft Tissue Palpable Lump x1	15 Minutes	J182	
SST - Soft Tissue Palpable Lump x2	15 Minutes	J182x2	
SST - Soft Tissue Palpable Lump x3	30 minutes	J182x3	
SST - Soft Tissue Palpable Lump x4	30 minutes	J182x4	
SST -Hernia	30 minutes	J182	
Achillies Tendon	15 Minutes	J182 + J193	
Plantar Fasciitis	15 Minutes	J182 + J193	
Greater Trochanter (Hip)	15 Minutes	J182 + J193	
MSK Shoulder x1	15 Minutes	J182 + J193	
MSK Shoulder x1 + SST	30 Minutes	J1822 + J193	
MSK Shoulders x2	30 Minutes	J1822 + J1932	
MSK Shoulders x2 + SST	30 Minutes	J1824 + J1932	
Venous Lower Extremity (DVT) x1	15 Minutes	J202	
Venous Lower Extremity (DVT) x2	30 Minutes	J2022	
Venous Lower Extremity (DVT) x1+ SST	15 Minutes	J202 + J182	
Venous Lower Extremity (DVT) x2+ SST	30 Minutes	J2022 + J182	
Venous Upper Extremity x1	15 minutes		
Venous Upper Extremity x2	30 minutes		
Carotid	30 Minutes	J201	

Carotid + SST	30 Minutes	J201 + J182	
Arterial Lower Extremity x1	30 Minutes	Groups (J128, J202 J200, J196)	bilateral unless only has only 1 leg
Arterial Lower Extremities x2	60 Minutes	Groups (J128, J202 J200, J196)	
Arterial Lower Extremity x1 + SST	30 Minutes	Groups (J128, J202 J200, J196) + J182	
Arterial Lower Extremities x2 + SST	60 Minutes	Groups (J128, J202 J200, J196) + J182	
Arterial Upper Extremity x1	30 Minutes		
Arterial Upper Extremity x2	60 Minutes		
Iliac Doppler for Renal Transplant	45 Minutes	Group (J128, J163, J193, J202)	
Bilateral Arm Arterial Doppler - Mapping	60 Minutes		
Bilateral Arm Venous Doppler - Mapping	60 Minutes		
EMERGENCY SPOT	30 Minutes	Revised January 5, 2023	

Revised June 2024	IPS CODES	
AZIZA	Maryam	__
BIBIK	Alex	__
BIBIK	Marina	67172
FASIHY	Fatemeh	179399
FENG	Yun	__
GHENRIHSON	Larisa	149702
GOARD	Vicki	131823
LAM	Sara	___
LIN	Si Han	___
LOTAFAZAR	Zahar	155075
MEHTA	Vijay	__
MURRILI	Inez	285270
OCONNER	Tatiana	__
QIAN	Gedi	124614
RAOOFI	Bana	BR01
SOUDMAND	Kianoush	___
SHAHHOSSEINI	Fariba	___
SHUGAEV	Vasily	61984
TICKER	Yulia	1125
TOUR SAVADKOUHU	Azita	188560
TRAN	Alex	__
YANG	Sabrina	137650

ALEX BIBIK	GEDI QIAN
Abdomen (F/M) Pelvis (M)	Abdomen (F/M) Pelvis (M)
OBS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST
Venous Leg Doppler Carotid	Arterial/Venous Arm /Leg Mapping Iliac Doppler
Shoulder	Shoulder Achilles Tendon Plantar Fasciitis
	Greater Trochanter
AZITA TOUR SAVADKOUHU	INEZ MURILLO
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS IPS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST
Shoulder Achilles Tendon Plantar Fasciitis	Venous Leg Doppler Carotid
	Shoulder
BANA RAOOFI	KIANOUSH SOUDMAND
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS IPS	OBS
Thyroid Scrotal SST	Thyroid Scrotal SST
	Venous Leg Doppler Carotid
EMILY YAM	LARISA GHENRIHSON
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST
Venous Leg Doppler Carotid	
FARIBA SHAHHOSSEIN	MAHTAB YAGHOUBI

Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS	OBS
Thyroid Scrotal SST	Thyroid SST - No Hernia
Arterial/Venous Arm/Leg Doppler Carotid	
Arterial/Venous Arm/Leg Mapping	
Shoulder Achilles Tendon Plantar Fasciitis	
Greater Trochanter	
FATEMEH FASIHY	**MARINA BIBIK**
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS IPS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST
Venous Leg Doppler	Venous Leg Doppler Carotid
	Revised July 2, 2024

MARYAM AZIZA	**VICKI GOARD**
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS	OBS IPS
Thyroid SST	Thyroid Scrotal SST
	Venous Leg Doppler Carotid
SABRINA YANG	**VASILY SHUGAEV**
Abdomen Pelvis (F/M)	Abdomen (F/M) Pelvis (M)
OBS IPS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST

Arterial/Venous Arm/Leg Doppler Carotid	Arterial/Venous Arm/Leg Doppler Carotid
Arterial/Venous Arm/Leg Mapping Iliac Doppler	Arterial/Venous Arm/Leg Mapping Iliac Doppler
Shoulder Achilles Tendon Plantar Fasciitis	Shoulder Achilles Tendon Plantar Fasciitis
Greater Trochanter	Greater Trochanter
SARA LAM	**VIJAY MEHTA**
Abdomen Pelvis (F/M)	Abdomen (F/M) Pelvis (M)
OBS	OBS +16 only
Thyroid Scrotal SST	Thyroid Scrotal SST
Venous Leg Doppler Carotid	Shoulder Achilles Tendon Plantar Fasciitis
	Greater Trochanter
SI HAN LIN	**YULIA TICKER**
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS	OBS IPS
Thyroid Scrotal SST	Thyroid SST
Venous Leg Doppler Carotid	
TATIANA O'CONNOR	**ZAHRA LOTFAZAR**
Abdomen Pelvis (F/M)	Abdomen Pelvis (F/M)
OBS	OBS IPS
Thyroid Scrotal SST	Thyroid Scrotal SST
Shoulder	Venous Leg Doppler Carotid
	Shoulder Achilles Tendon Plantar Fasciitis
YUN FENG	
Abdomen Pelvis (F/M)	
OBS	

Thyroid Scrotal SST	
Venous Leg Doppler Carotid	
	Revised July 2, 2024

X-RAY ASSOCIATES
www.xrayassociates.org | Phone: 289.553.6336 (#2)

PATIENT INFORMATION

LAST NAME

FIRST NAME

ADDRESS

POSTAL CODE

TELEPHONE

DATE OF BIRTH

D D M M Y Y

SEX
M
F

HEALTH CARD NUMBER

VERSION CODE

You must bring a completed Requisition Form and valid Health Card.
Please arrive 10 minutes early to register

REFERRING PHYSICIAN

SIGNATURE   DATE

COPY TO:

VERBAL
CONTACT NUMBER

PHYSICIAN INFORMATION
PHYSICIAN NAME

ADDRESS

TELEPHONE

FAX

CLINICAL INFORMATION MANDATORY AS PER CPSO

PRE-PLACEMENT ASSESSMENT FOR AVF (REQUIRES 2 APPOINTMENTS)   VASCULAR

HISTORY:	No	Yes	CIRCLE SIDE(S)		
Previous access:	☐	☐	Right	Left	Both
Previous history of central lines:	☐	☐	Right	Left	Both
Previous surgery/trauma to either arm:	☐	☐	Right	Left	Both

Comments: _____

CIRCLE DIALYSIS DAYS   M   T   W   T   F

J201 ☐ CAROTIDS
J202B ☐ AORTA (AAA SCREENING)
J202B R̄ ☐ DIABETIC FOOT SCREENING
J202 R̄ ☐ VENOUS LOWER EXTREMITIES
GROUPS R L ARTERIAL LOWER EXTREMITIES
J202 R L VENOUS UPPER EXTREMITIES
GROUPS R L ARTERIAL UPPER EXTREMITIES

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

Tel: 289.553.6336
Fax: 289.553.6339

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

Tel: 905.751.1500
Fax: 905.751.1505

FAX APPOINTMENT DATE, TIME AND RESULT TO:
☐ Vaughan   289.304.8725
☑ Mackenzie Hosp 905.883.2134
☐ Oak Ridges   905.773.4281
☑ York Nephrologists 905.508.2972

***FAX COMPLETED FORM TO X-RAY ASSOCIATES 289.553.6339

YOUR APPOINTMENT (NO PREPARATION NEEDED)

#1 DATE _____

TIME _____

☐ VAUGHAN   ☐ AURORA

#2 DATE _____

TIME _____

☐ VAUGHAN   ☐ AURORA

Teston Rd

Major Mackenzie

Dufferin St | Ilan Ramon Dr | Bathurst St

Rutherford Rd

Hwy 7

Mulock Dr

St John's Sideroad | Regional Rd 26

Yonge St | Pedersen Dr | Bayview Ave | Leslie St

Wellington St

Vandorf Sideroad

REV 05/17

Body Composition: (Vaughan & Aurora)
This is a NON OHIP exam. Patients pay $100 for the first visit and $50 for subsequent visits. A requisition is required. It can be in house and signed by the radiologist. The preparation and exam time is the same as BMD. Must be 18 years of age.
Patients booked through DexaME do not need to pay. XRA has an agreement with DexaME and will be reimbursed for each scan.

BMD: (Vaughan & Aurora)
Measures the density of minerals in bones and estimates the strength of bones using low dose x-ray. When the patient comes in, they must fill out the **Osteoporosis Survey;** this is then scanned into the patient's file.
BMDs are done by appointment only. Make sure they are eligible. OHIP will NOT pay unless the patient is due for a BMD, as per guidelines. They are not to take calcium or iron supplements within 24 hours of their exam.
Notes:
- Patients are limited to **one baseline test (x145 or x146) in their lifetime**
- Second test – low risk patient (x153) is limited to a **maximum of one test done not earlier than 36 months following the baseline test**
- Any tests that were done between July 1, 2007 and April 2 2008 will be treated as "second test – low risk patient"
- High risk patients (x155) are limited to **one test every 12 months** unless the ordering physician obtains written authorization for a medical consult
  You can use the IVR system to determine if the patient had a previous test done. Call: 416 – 326- 6666
  Key in: 79872142
  Follow the prompts given:
  When it asks for the Health Card Number, type in the card number and then the version code Alpha characters are represented by 2 numbers

A = 21	B=22	C=23	D=31	E=32
F=33	G=41	H=42	J=51	K=52
L=53	M=61	N=62	P=71	Q=11
R=72	S=73	T=81	U=82	V=83
W=91	X=92	Y=93	Z=12	

When it asks "Enter the Fee Schedule" type either X146 – baseline (first time)
X153 – low risk (more than 1 visit)
X155 High Risk
(for the X use 92 so X153 would be 92153)
This will then give you:
- **Health card number**
- **Validation Response Code**
- **D.O.B**
- **Gender**
- **Last Name**
- **Service Code**
- **Response Code**
- **Below is a copy of the questionnaire we need to fill out**

Date:_____

X-ray Associates Bone Density Appointment Questionnaire

1. Name_____

2. Have you had a BMD test before? Yes_____   No_____

3. When_____

4. Where_____

5. What has your doctor requested on the requisition?_____
   (Clinical)_____

6. Name of doctor_____

7. How long have you been with this doctor_____

8. Health Number_____

9. Phone Number_____

10. Make appointment (Date/time)_____

11. Inform patient that OHIP has set new guidelines for BMD tests. We will check to make sure that the patient is eligible. If there is any issue, we will call back and let you know the situation.

Checklist for after appointment has been made

Previous X-ray Associates: No_____   Yes_____   Date_____

Previous IVR: No_____   Yes_____   Date_____

Previous from Doctor's Office: No_____   Yes_____   Date_____

High Risk: Date of Previous _____

Final Billing Code: _____

Initials:_____   Date:_____

Nuclear Medicine (Vaughan, Aurora)

See our requisition for a complete listing of all Nuclear Medicine procedures.
If you get a call from a patient or physician and do not recognize the exam listed, take the name and number and tell them you will call them back. Call Eric regarding the exam request.

All Nuclear Medicine exams require an injection of a small amount of radioactive tracer into a vein in the arm. The tracer is designed to go to the targeted area or organ. Example: We inject a specific radioactive tracer that has Calcium and Phosphates in it so it will migrate naturally to the bones.
Another, we use for imaging the heart muscle at rest and during exercise, etc.

All Nuclear Medicine exams require booked appointments as an order must be placed for the specific tracer for the specific exam and for the specific patient. Age and weight play a role in calculating the amount of tracer we order. All tracers are very expensive so confirming these appointments properly is important.

To enter patients for Nuclear medicine:

- Enter the patient's demographics
- Type the Doctor's name
- Select Groups located in the bottom left corner.

Example: For cardiac stress exams use:

For Persantine Study select **MYOP1D**
For Exercise Study select **MYOT1D**

- The tech will then need 3 bag labels; none of them get stuck on the requisition.

Preparation: Yes

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

Booking MUGA TESTS
- Book Muga Tests in a time slot
- Book BMD in the following Time slot
- Book the next two-time slots with the original Muga slot patient - As Nuc Med tech needs time to monitor the muga patients

Make sure you notify NUC MED tech two days in advance that there are MUGA TESTS booked

Booking NUC MED test:
- Make sure you confirm the test is a Nuclear Medicine test ex. Exercise or Persantine
- Look for the next available appointment under cardiac days only book the white open spots the pink spots are held for Dr. Chua
- Explain to the patient the prep
- **MAKE SURE YOU ASK THE PATIENT THEIR WEIGHT**
- Ask patient to fax or scan the requisition in to the clinic as we will need that and put in Lelia's Folder

Booking instructions for Brain Scan AURORA ONLY

Private Fees: Payment of $330 to be received 5 days prior to appointment. Patients have a choice of paying in advance at the clinic or they can do an email transfer as per the consent form. When you are booking the exam, you can give them a tentative date, but tell them payment must be made 5 days before to hold the appointment. Let them know that if they do not show up for the exam, or they are late, they will NOT be reimbursed. Ask for an email address to forward the consent. Tell them that it needs to be signed and brought to their appointment. (It can be signed on site, if they forget it)

TIME SLOTS IN RIS:
Currently no permanent spot. Check with Rosalba for date and time.

Duration of test: Test will take 2 hours and patient must be prompt or risk losing the medication and private fee will not be reimbursed.

Preparation before test:
- Avoid caffeine, alcohol, cannabis for 24 hours prior to exam
- Avoid smoking the day of the test
- Patient to remain on all current medications unless otherwise specified by doctor

Procedure: We will do the injection on the imaging bed and capture the active brain perfusion. Then there will be 1 hour wait when you can read, walk around, get something to eat/drink. Then we will take a 3D image of your brain where you have to lie, still, on your back for 30 minutes.

PATIENT REQUEST FOR NON-INSURED SERVICES *X-RAY ASSOCIATES*

I,____am seeking treatment

from Dr._____for

a ***brain SPECT Scan (Nuclear Medicine) with additional Reprocessing.***

I have been informed and I confirm that I am aware of the following:

1. I understand that my physician has requested additional post processing of the brain SPECT exam which is required as part of my treatment program. This additional post processing is NOT covered by OHIP. As a result, I will be personally responsible to pay for the services that I elect to receive.

2. The various treatment options available to me have been discussed with me in detail and it is my decision and desire, in addition to my OHIP funded brain SPECT, to receive the additional services; Post Processing to include Brain surface Rendering and surface and deep intensity levels at a cost of $400.

3. I have voluntarily chosen to receive the non-insured services outlined and I undertake to be responsible for the associated fees.

4. Payment must be made 5 days in advance of the appointment time to secure the appointment. Payment can be made in person at any X-Ray Associates' office, check website for hours of operation www.xrayassociates.org OR via e transfer: brainspect@xrayassociates.org (include Name and Appointment date)
        Receipt will be given at the appointment.

5. I understand that the isotope has a very short life. There is a 30 min injection window and that I must be on time or risk losing the injection due to expiry. If this occurs, payment will ***not*** be reimbursed.

Date:_____

PATIENT NAME:_____ SIGNATURE:

____

WITNESS NAME:_____ SIGNATURE:_____

Booking instructions for DaTscan (ON HOLD until further notice)

Private Fees: Payment of $330 to be received 5 days prior to appointment. Patients have a choice of paying in advance at the clinic or they can do an email transfer as per the consent form. Either way this consent form must be sent to them. When you are booking the exam, you can give them a tentative date, but tell them payment must be made 5 days before to hold the appointment.
Let them know that if they do not show up for the exam, or they are late, they will NOT be reimbursed. Ask for an email address to forward this consent.
Tell them that it needs to be signed and brought to their appointment. (It can be signed on site, if they forget it)

Duration of test: Test will take 4-5 hours and patient must be prompt or risk losing the medication and private fee will not be reimbursed.

Preparation before test:

- Patient may need to stop his/her medication. Patient to follow doctor advice.
- Patient to wear comfortable clothing for scan

Procedure: In preparation for the injection, we will give you a solution to drink. After 1 hour, we will do the injection through an intravenous. Then there will be a 4-5 hour wait when you can read, walk around, get something to eat/drink. Then we will take a 3D image of your brain where you have to lie, still, on your back for 30 minutes.

The following are the procedures for booking and entering Vascular (Mapping) patients:

The Nephrology department at Mackenzie Health has three separate locations. One in the Hospital (Mackenzie Hosp). The other two are known as "satellites" with one in Vaughan (at 9401 Jane St) and one in Oak Ridges (at 13291 Yonge St.) They also have an office at 250 Harding Blvd.

The doctors who work at these clinics are: Dr. Bharat Nathoo, Dr. Esther Szaky, Dr. Andres Charest, Dr. M. Pandes, Dr. Prince Aujla, Dr. Edwin Fong, and Dr. Anita Dunn. All of these doctors use the 250 Harding Address.

Booking

we will receive a requisition from one of the locations. Two appointments need to be made on 2 different days.
Only Vasily and Gedi can do these exams. Only in the Vaughan and Aurora clinics each appointment is one hour. Make the appointments and record them on the requisition.
Fax the requisition back to the originating office and to the Main fax (905-883-2134) as well as to Sharon at Vaughan

The Nephrology people will contact their patients and advise them as to when their appointments are.

Book these appointments starting at 11:00 a.m. where possible. (It is okay to book them earlier if they request it). I have asked the Nephrology staff to ask their patients to call us first thing in the morning if they

are unable to come to an appointment. That would give us time to refill the appointment if the patient should cancel. Be patient with these patients. They are sick and often have to rebook.

Note on the requisition the information that is provided to us. The days that these patients have dialysis are circled, they do not come for these exams on those days.

The clinic that they want to go to is circled. Make sure you book in the right clinic. A lot of these patients rely on wheel trans, or taxis to get to their appointments so it is important that they go to the right place.

You will see on the requisitions a few other tests, Aorta (AAA Screening), this is an abdominal ultrasound. Diabetic Foot screening, this is arterial legs ultrasound.

Entering the Patients

Enter patient information as usual. Use code J202 for both days. From the drop down box choose Bi. Arms. Art Doppler Mapping 1 for the first appointment, and Bi. Arms Venous Doppler Mapping 2 for the second appointment.

The Referring doctor will almost always be one of the doctors listed above. Watch for any CC doctors that are listed. A cc also needs to go to the Originating Clinic i.e.: the Vaughan, Oak Ridges or Mackenzie Clinic and the Nephrology Clinic.

For the most part, the clinics have been faxing the requisitions or calling directly to me. However, you should all be familiar with the process. If you have any questions, please give me a call.

<div align="center">

Booking/ Registering Procedures for Reception- Cardiac
</div>

*** DO NOT DO CHILDREN UNDER 18 YEARS OF AGE

Electrocardiogram (ECG, EKG):
- Done on a walk-in basis only. Make sure it is on a day when either the nuclear or cardiac technologist is on site. Limited time on Nuclear Cardiac days.
- Time to do the exam: 5 minutes.
  Registration: In RIS select: Bill to OHIP- GROUPS ECG- (codes-G310 G313) Labels: 1 on Requisition
  Reports: Dr. Weingarten will sign off and we will send to referring physician

Holter Monitor (heart monitor) 24, 48, 72, 4 days, 1 week, 2 week: ***Booked ONLY in Aurora (transfer call to either Bookings or reception in Aurora) as staff must check the tracking sheet of the 4 Holters.

**** Careful in advanced booking as it becomes more difficult to track in and out!!
- Booked in 30-minute time slots when either a nuclear or cardiac technologist is on site.
- The requisition **MUST** list the duration of the monitoring. If it doesn't call the doctor's office.
- If there is a monitor available, for the length of time indicated on the referral, this can be done on a walk-in basis.
- Need to make sure the patient can bring the monitor back on an appropriate date, otherwise reschedule.
- No preparation is required for patients; all medicines can be taken normally. Food and drink are fine.
- The patient should continue with their normal activities, they just cannot get the monitor wet.

- Patient must remove the monitor to shower, the tech will teach them how to hook it back up. Registration: In RIS codes are This is registered Self Pay
(private)
HM24 – (24 Hour
Holter Monitor) HM48 - (48 Hour
Holter Monitor) HM03 – (3 day Holter Monitor) HM04 – (4 Day
Holter Monitor) HM07 – (1 week Holter Monitor) HM14 – (2 week Holter Monitor)
Labels: 1 on Requisition, 2 for tech sheets put together in a folder for technologist **No Appointment is necessary when the patient is dropping off the machine.** Check off the list so we know how many holters are available.
==**Reports: Dr. Chua. Any inquiries must be transferred to their office.**==

Exercise Stress Testing, non-nuclear (GXT, EST, stress ECG, ETT):
- ****Cardiologist/internist AND technologist must be present for a stress test (nuclear/non-nuclear)**
- Book on Nuclear Medicine Cardiac days, AFTER the last nuclear medicine patient, or ask Eric if times are held in the Appointment Log.
- Walk-ins can be done on these days…check with technologists. Booked in 30- minute time slots
- Light breakfast before test is okay
Registration: In RIS Bill to Ohip- Groups GXT (Codes G315, G319) Labels: 1 on Requisition
Reports: Dr. Weingarten will report. There is a report set up for Dr. Weingarten in our PACS. He will dictate the same day.

Ambulatory blood pressure Monitor (BPM, ABP, 24 hour BP monitor):
- Book in ==30-minute time slots.==
- Walk-in okay, if cardiac or nuclear technologist is on site.
- We will have two monitors. Ask Cardiac or Nuclear technologists for time slots.
- Not covered by OHIP The cost is $60.00 for a patient over 65 and must be paid upon registration.
- Not covered by OHIP The cost is $70.00 for a patient under 65 and must be paid upon registration.
- Patient must be able to return the monitor after 24 hours.
- No preparation is required for patients. All medications can be taken normally.

==- **24 hour ONLY, do not take the monitor off at any time. No showering.**==
Registration: In RIS select ABP1 Labels 1 on requisition, 1 for
technologist for worksheet Reports: Dr. Chua will report.
No Appointment is necessary when the patient is dropping off the machine. Echocardiogram (Echo, heart ultrasound):
- Book in a 45 minute slot on days when Echo Sonographer is available. Book these tests consecutively
- There must be a relevant history on requisition: see examples on XRA req. "see
previous" "repeat exam" etc. are NOT an indication. Call the referring office if there isn't
a proper history. There is a sheet available that can be faxed also.
- At registration:
1. Echo US info sheet (Technologist will have this)
2. Patient questionnaire to be completed while waiting Health Card must be on the Questionnaire As Dr. Chua's office will need this.
- No preparation required, no restrictions on food, drink or medication Registration: In RIS select: Self Pay Private –Code (ECHR) 0 Dollars.
Billing: Billing and registration is done at Dr. Chua's

Labels: print 1 label for the technologist impression sheet
Reports: Report is sent from Dr. Chua's office which will take 7 days after

METHOD OF SCHEDULING: Electronic Booking System

TIME OF BOOKINGS:

Where possible, all booked examinations should be scheduled in the next available time, so as to accommodate the patients and decrease turnaround time for reports. If the booking time exceeds 1 week, the scheduler and General Manager should be notified. This is especially helpful for BMD and NM exams as another room can be opened.

PATIENTS BOOKINGS:
ONLINE bookings are currently viewed by booking staff via a secure line.

TELEPHONE BOOKINGS:

Telephone bookings are done by all receptionists while offices are open either requested by the patient or physician's office. However, the patient is expected to arrive with a signed completed requisition at the appointment so that all relevant information can be entered in the RIS.

If no such requisition is available, the office of the referring physician must be contacted to verify the patient's history. The area to be examined and a requisition can be faxed or a verbal order given to the receptionist at the clinic. If verbal, the date, time and who you spoke with at the referring office and your signature must be recorded on the requisition.

** **Nuclear Medicine cardiology** patients are booked at head office. Co-ordination of a cardiologist, physician supervisor and cardiac technician are required.

Appointments are required for the following modalities: Ultrasound
Bone Density Nuclear Medicine
X-Rays are done on a walk-in basis only

Each modality is booked in the Appointment Log. Be sure to get all of the required information from the patient. **PLEASE GET PATIENTS HEALTH CARD NUMBER AT THE TIME OF BOOKING.**
Remind patients we are fragrance free.

Confirmation calls should be done one day prior to the patient's appointment. When calling to confirm, say which location you are calling from, and make sure the patients understand the preparations, if any. Please see the appropriate headings to see the preparations for each procedure. Remind patients that we are a fragrance-free facility. See confirmation script.

Clerks should **ALWAYS** remind the patient to bring their **health card** and **requisition**, and to **arrive 10 minutes early** for registration. This is **especially** important for Combination ultrasounds. Remind patients that this is a fragrance-free facility

At the end of each day make 1 copy of the appointment sheet for the next day

Steps to print this are as follows:
1. Reports
2. Resource Schedule
3. Change the date to the specific date
4. Click display
5. Print detail
6. Click Print

PREPARATION AND GENERAL INSTRUCTIONS

All preparations and instructions for examination (or repeat examination) are covered by the standing order of the Radiologists, and are authorized by the physician requesting the examination. Recommendations given, are for the average patient and should be adhered to whenever possible. If, however, there are strong indications for magnifying the routine for a particular patient, the office should be informed. The requisition has all relevant information by modality.

DIABETIC:

X-ray Associates is to be informed if the patient is diabetic. For examinations that require the patient to be N.

P. O. for eight or more hours prior to the examination, preparation can be done as early as possible the following day.

Preparations for procedures: (See requisition)

Abdomen Ultrasound: Nothing to eat/drink 8 hours prior to the appointment

Pelvic Ultrasound: FINISH 1 Liter of water 1 hour prior to appointment, do not void

Abdomen/Pelvic Combination: Empty stomach, full bladder

Small Parts (Thyroid, Scrotal, SST): none

Shoulder: none

Obstetrical Ultrasounds: FINISH 1 Liter of water 1 hour prior to appointment, do not void

Venous Doppler/Carotids: none

Bone Mineral Density: no calcium the day before the exam, including Tums

Nuclear Medicine: <u>For cardiac stress exams</u>: fast for 4 hours prior to your appointment time. If you wish, (or if you are diabetic), you can bring a meal for consumption after the resting image. Otherwise, we will provide you cookies and juice. Diabetic patients should bring their meds to take after their meals.

Preparation:

<u>For cardiac stress exams</u>: fast for 4 hours prior to your appointment time. If you wish, (or if you are diabetic), you can bring a meal for consumption after the resting image.

Otherwise, we will provide you cookies and juice. Diabetic patients should bring their meds to take after their meals. No prep for Muga or Bone scans. Please see the requisition for details on other exams.

Booking Cheat sheet-

- Technologist names are on the top of the booking page with the extra exams they do
- EX: Vicki- IPS, DVT, CAR
- If you are unsure in all booking areas there is a chart with the ultrasound technologist name, and the exams they can perform in each clinic
- In all booking areas you can refer to the ultrasound booking times which tells you how long to book for each procedure
- **OTHER MEANS:** Thyroid, Scrotal, SST, Male Pelvic, Female pelvic (UNDER 18)
- **KUB=** Kidney Ureter & Bladder ❼ requires Abdomen + Pelvic Ultrasound
- **Abdomen:** Gallbladder, Liver, Aorta, Spleen & Kidney
- **Pelvic=** I.U.C.D, Uterus, Prostate
- When doing confirmation calls CANCELLATION AND CONFIRM very close together pay attention to which you click on
- When booking Scrotal Ultrasounds, we try put them under male tech if possible otherwise notify patient the test will be with a female
- When booking Female Pelvic with Transvaginal ultrasounds we book those ONLY under female techs
- When booking OBS-16 Notify the patient if you are booking these with a male technologist
- MAKE SURE YOU ALWAYS GET THE HEALTH CARD NUMBER
- When booking make sure you book either 30 mins or 60 depending on the test ordered
- Validate Bone Mineral Density at the time of booking
- NO REQUISITION= NO appointment ❼ we will do everything we can to accommodate the patient EX. Call the doctor to send us a requisition but if the doctor can't send the requisition we CANNOT do the test.
- We do not do perform ultrasound **SST** for **FINGERS or HANDS**

*******we do not perform breast ultrasounds
******* WE DO MSK ultrasound of the Shoulder, Achilles & Plantar Fasciitis & Greater Trochanter ONLY. All others must be lump or bump soft tissue not ligament/tear related!

Booking MUGA TESTS
- Book Muga Tests in a time slot
- Book BMD in the following Time slot
- Book the next two-time slots with the original Muga slot patient - As Nuc Med tech needs time to monitor the muga patients
  Make sure you notify NUC MED tech two days in advance that there are MUGA TESTS booked

Booking NUC MED test:
- Make sure you confirm the test is a Nuclear Medicine test ex. Exercise or Persantine
- Look for the next available appointment under cardiac days only book the white open spots the pink spots are held for Dr. Chua
- Explain to the patient the prep
- **MAKE SURE YOU ASK THE PATIENT THEIR WEIGHT**

- Ask patient to fax or scan the requisition in to the clinic as we will need that and put in Lelia's Folder

<u>Cheat sheet for online booking</u>

  Open Bizmail icon on desktop
- Login
  Username: booking@xrayassociates.org password: Hello123!
  Click Mail
- Emails will appear
  Yellow Star = sent out initial email
  ONLINE BOOKING without waiting = new requests

- Check to see if the patient is already scheduled in our system
- Look for the appropriate day and time the patient is requesting
- Book Appointment
- Send out Initial email by clicking on patients email in online request Hello __
  Thank you for your online booking request.

  Your____ultrasound has been tentatively scheduled for_____at our_Location.

  Please confirm if this date and time is suitable. Best Regards,

- Once you sent initial email with time & date and location right click on the star to make it yellow

- Wait for patient to confirm the appointment
  Usually they will write "this time works" or "Confirmed"
- If patient needs to change the time or date I change it and send out an email

  Hello___, not a problem.

  I have tentatively rescheduled your appointment for_our
  _Location.

  Please confirm if this date and time is suitable. Best Regards,

- Once you have the confirmation that the time is correct send out an email with the preparation and the clinic address and ending which, I have put on your desktop.
- Once they have confirmed this time and date you can now drag to the DONE folder on the left- hand side, you can now go and search for any emails pertaining to this patient and move to done.

- Please note we get a lot of ultrasound bookings for Richmond Hill & Newmarket (weekends) I will respond:
  Example Harding bookings:
  Hello ___

  Thank you for your online booking request.

  Unfortunately, we do not do ultrasounds at our Richmond Hill location, we have a location at 955 Major Mackenzie Drive west where I can book this for you.
  I have tentatively scheduled your appointment for ___ at our ___ Location. Please confirm if this date,

  time and location is suitable.

  Best Regards,

X. Ray Associates Online Booking
    Example Weekend bookings in Newmarket:

    Hello ___

    Thank you for your online booking request.

    Unfortunately, we do not do ultrasounds at our Newmarket location on weekends, we have a location at 125 Pedersen Drive W 125 Pedersen Drive units 3, 4 & 5 In Aurora that is open on Saturdays and Sundays.
    I have tentatively scheduled your appointment for ___ at our ___ Location. Please confirm if this date,

    time and location is suitable.

    Best Regards,

REQUEST FOR COPY OF REPORTS AND IMAGES (PORTAL ACCESS): (CPSO confidentiality attached).

Patients can request and receive their films and reports through their Portal Access information. This can be given to the patient (upon presentation of their valid OHIP health card) at the time of exam. CDs can be supplied by specific request.

REQUESTS FROM OTHER INSTITUTIONS:
Portal Access, CDs and reports will be released to other institutions only if the patient authorization is obtained.

Request from Medical Third-Party Police and Legal:

These will all be directed to the Lead Receptionist and then to Head Office for payment before being released. They must have a signed release form from the patient.

CPSO & MOH: Can be released without patient authorization.

***** records must be maintained for 6 years and include what was released, number of items, who and where they were released to.

Release of Personal Health Information

Please Note that patients are able to obtain a copy of images AND reports.

If a Patient presents to one of our clinics asking for a copy of their images and reports:

1. Patients must present their OHIP card.
2. If someone other than the patient is picking up a Portal Access or CD, then they must bring the patient's health card and/or a written signed note from the patient.
3. The Portal Access or CD will be made and given to the patient directly.

If a patient, parent/guardian, law firm or insurance company writes, faxes or calls any of the clinics asking for a report please have them contact our head office during business hours
Monday- Friday 8AM-4PM

Reminder regarding Reports: Staff should NEVER discuss any medical reports with a patient (or anyone else) as it is confidential information. Refer them directly to their doctor.

X-RAY ASSOCIATES ADMINISTRATIVE

Office

Telephone: 289-553-5040
Fax: 289-553-5042
Email: info@xrayassociates.org
Contact: Marlene

Previous Reports (from other imaging centers)

We are able to call the doctor and retrieve a patient's previous exam if needed. Once you have received the report, scan it into the patient's file so the Radiologist as well as the Technologist is able to see the information.

If a patient brings in a CD from another clinic we are able to compare the test done here on that day to a previous exam. Take the CD from the patient and notify the PACS administrator to merge the files.

Patients can access their images and reports via Pocket Health.

PACS: PICTURE ARCHIVING AND COMMUNICATION SYSTEM

All images are stored in the PACS which is a PACS web based system for viewing all medical images. Only those with secure access can access PACS i.e. radiologists, doctors and staff.

STORAGE OF IMAGES:

Currently all images are stored in PACS and are not deleted. Minimum requirements are all images are kept for 3 years and youth under 18, images are retained until their 21st birthday. Mammograms are kept for 10 years and youth until 28 years of age.

STORAGE OF REPORTS:

X-Ray Associates reports and images are kept indefinitely and are stored in our PACS. Minimum requirements are 6 years if older than 18, and if under 18 keep 6 past the age of 18. Mammogram reports must be kept for 10 years and if under 18 then 10 years past the age of 18.

REPORT TURN AROUND TIME:

Reports are via voice recognition and signed off by radiologists. Hard copies of the reports are either faxed, hand delivered or sent by mail to the requesting doctors and may also be viewed along with the images on the PACS. Reports are sent within 24 hours post being sent to PACS. The desired report turnaround time is within 24-48 hours

IMAGING REPORTS INCLUDE THE FOLLOWING:

a.   Name of patient, birth date, patient I.D. number, the examination number.
b.   Name of referring physician and consulting physicians, if indicated
c.   Date of examination and transcription.
d.   Name of transcriptionist
e.   Name of reporting radiologist

.

Quality Assurance Program and Report

If changes need to be made to a report, wrong doctor, an addendum to the report will be required. Fill out this form and give it to the radiologist.

***THE NEW REPORT MUST BE SENT TO ALL REFERRING PHYSICIANS.
**** COPIES OF THE FORM AND NEW REPORT ARE SENT TO THE GENERAL MANAGER

A copy of the QA form is on the following page

X-RAY ASSOCIATES
Quality Assurance Form

Location (Please circle)
AU   NM   RS   YM

STAFF MEMBER: _____   PATIENT NAME: _____
DATE: _____   PATIENT ID: _____
TIME: _____   ACCESSION NUMBER: _____

RIS / PACS ISSUES   FAX: (905) 737-7538

☐ UNSPECIFIED IMAGES   ☐ IMAGES UNDER WRONG PATIENT   ☐ MERGE PATIENT RECORDS

_____

_____

WORKSTATION   FAX: (905) 737-7538

☐ SCANNER IS NOT WORKING   ☐ APPLICATION IS NOT WORKING   ☐ COMPUTER IS NOT BOOTING UP

_____

_____

TRANSCRIPTION   FAX: (905) 737-7538

☐ PUT BACK FOR DICTATION   ☐ FAX BATCH ISSUE   ☐ PRINT BATCH ISSUE

_____

_____

REPORT ERRORS / SERVICE ISSUES   FAX: (289) 553-5042

☐ CORRECTION REQUIRED   ☐ WRONG REFERRING PHYSICIAN   ☐ INCORRECT MAIL/FAX INFORMATION

☐ ADDENDUM REQUIRED   ☐ PATIENT COMPLAINTS   ☐ PHYSICIAN COMPLAINT

☐ ADDENDUM COMPLETED   ☐ REPORT ENCLOSED   ☐ _____

_____

BILLING   FAX: (289) 553-5042

_____

_____

revision date: Aug 15, 2014

VERBAL REPORTING — INTERPRETATION OF URGENT CASES:
Verbal reports are initiated in the following ways:
1. Referring physician records on the requisition or phones to request a verbal.
2. By the radiologist after an unexpected finding
3. If a technologist identifies a. significant abnormality immediately following the examination, she/he will bring this abnormality to the attention of the Radiologist as soon as possible.
**all verbals must be confirmed in the RIS as doctor's office notified, date, time, your initials and name of staff from the physician's office.

Verbal Protocol:

When the doctor writes on the requisition ASAP or STAT or VERBAL, it means the doctor wants the results right away. The receptionist cannot add VERBAL or STAT on their own. If the patient requests it, ask why and add VERBAL or STAT with the reason you added it.

After the patient procedure is completed, the tech will inform the clerical staff at the front desk who record the patient information on our Verbal tracking sheet.

Reception checks frequently for a typed report. As soon as the report is ready the clerk calls the referring physician office to confirm receipt and records in RIS with their initials, date, time, and name of staff from the ordering physician office.

If a patient comes in the evening and their doctor wants a verbal, notify the patient that it will not be read until the next morning. They may choose to go to the hospital imaging department if urgent.

<u>**Regular Business Hours:**</u>   (Monday-Friday 8-4 PM)

Our Radiologists are available for consultation on patient studies during regular business hours by Qgenda.

X-Ray Associates Inc. POLICY AND PROCEDURE	PROCEDURE EMERGENCY CASES Radiologist Contact	ISSUING AUTHORITY QUALITY ADVISOR
LAST REVIEW DATE March 31, 2015, Feb 2016, Nov 2020, May 2021, June 2023, July 2024	REFERENCE	EFFECTIVE DATE October 2015

Regular Business Hours: (Monday-Friday 8-4 PM)

Our Radiologists are available for consultation on patient studies during regular business hours in the clinics.

If a pathology is suspected, (example fracture, pneumothorax)- US: See list. The technologist can direct the patient to a hospital with a CD of images after consulting with a radiologist.

Technical staff from any modality should NEVER give a verbal or preliminary report to a patient or referring physician. If there is ever any concern, the technologist should get in touch with the radiologist on call.

Finding Radiologist Contact Number

CELL PHONE:

Please log on to the Qgenda which should be located on the Bookmarks Bar on all computers

email: xrayassociates@qgenda.com

password: Abcd1234

Daytime, click "Clinics". The Radiologist for Vaughan and Harding (R4) usually takes all STAT cases. Hover over their name and a cell # will appear which you can use to call them to explain your case. Use the Mobile phone located in the front desk area of each clinic. Take the phone to your room to discuss the case and review your images with the radiologist and then return once completed.

For weeknights after 4:00 pm and Saturdays refer to the "Call schedule". Follow the appropriate times for on-call radiologist and hover over their name as above for their cell #.

If they do not answer immediately, leave a message and be patient for a return call as they may be doing a procedure in the hospital. You may also text them from your personal phone and ask them to return a call to you. Be sure to leave your name and reason for the text.

        To contact the after-hours Radiologist via hospital locating:
Call Mackenzie Health Hospital Radiologist office: 905-883-1212, ext. 2310 and speak with the on-call radiologist for Mackenzie Health

Any concerns contact Vicki 647-466-1500, Marlene 647-221-7766 or Rosalba 647-981-5040

X-Ray Associates Inc. POLICY AND PROCEDURE	PROCEDURE **EMERGENCY CASES** **Patient sent to ER**	ISSUING AUTHORITY QUALITY ADVISOR
LAST REVIEW DATE July 2024	REFERENCE	EFFECTIVE DATE June 2017

Patients Directed To Emergency: (ultrasound or x-ray)

Send the patient to the closest Emergency with their portal access as directed by the radiologist.

1) If the STAT report is available, insert it into an envelope for them to take.
2) If the report is not available before the patient leaves it will be available in the patient's portal along with the images and within HDIRS for the hospital to retrieve.
3) If a report needs to be expedited, then fax the report to the Emergency Department

.

- Southlake ER Fax #: 905-830-5805
- Mackenzie ER Fax #: 905-883-2138
- Cortellucci ER Fax #: 905-417-3216

**Always record what direction the patient was given in the Encounter note

VERBAL WORKFLOW

Tracking list
This list is used to keep track of all the verbals that the clinic sent has sent out. Each clinic is responsible for their patients' verbal. The clinic must follow up with on-site editor and vice-versa in order to get the verbal out in timely manner. Please cross out each case as they are done.

Patient walks in with a requisition.

The requisition has a verbal request.

The requisition does not h a verbal request.

Receptionist registers the patient as usual and fills out a verbal form to be faxed to the clinic that the radiologist is reading from and to the typist. (Records it on tracking list as well)

Receptionist faxes the verbal request form to the clinic that the radiologist is reading from and to the typist.

Technologist fills out verbal form and gives it to the receptionist to record on tracking list.

Technologist sees there is pathology.

Receptionist registers th patient and the technolog performs the case as usu

Radiologist receives the verbal and dictates as usual. Clicks on STAT button on the PowerMic before sending to the editor and place verbal form in the shredding bin.

Between 8am - 4pm, Harding editor is responsible for editing all STAT cases in PowerScribe.

Radiologist dictates as us and see a need to mark t case as STAT.

Receptionist from the requesting clinic regularly checks radiant for report and print.

Editor will see an exclamation beside the case in their editing queue indicating that it is a STAT case.

The radiologist clicks on STAT button before send to the editor.

Editor edits the STAT case as usual and send the case to RIS. Editor goes into RIS and spot fax it to the referring physician.

The editor puts a comment in RIS to say that it was spot faxed or manually faxed.

The clinic that requested the verbal is responsible for calling the referring physician's office and confirm that they have received the fax and/or relay the verbal to the referring physician's office.

Yes

Is there a verbal form?

No

The editor is located in Harding and will relays the info to receptionist in Harding for calling the referring physician's office and either confirm that they have received the fax and/or relay the verbal to the referring physician's office.

The receptionist leaves a comment in RIS on who they confirmed the verbal with or leave voice-mail and log the date and time in RIS. The voice-mail should state patient name, DOB and a STAT report was faxed.

On-site editor must process all verbal dictations right away as they appear on editing queue.

The receptionist leaves a comment in RIS on who they confirmed the verbal with.

VERBAL WORKFLOW

Patient walks in with a requisition.

The requisition has a verbal request.

The requisition does not have a verbal request.

Receptionist registers the patient as usual and fills out a verbal form to be faxed to the clinic that the radiologist is reading from and to the typist. Receptionist records the patient info on the tracking form.

Receptionist faxes the verbal request form to the clinic that the radiologist is reading from and to the typist.

Technologist fills out verbal form and gives it to the receptionist who records in tracking list.

Technologist sees there is pathology.

Receptionist registers the patient and the technologists performs the case as usual.

Radiologist receives the verbal and dictates as usual. Clicks on STAT button on the PowerMic before sending to the editor.

Clinic is closed

Flipsu editor is editing all cases including STAT cases in PowerScribe.

Radiologist dictates as usual and see a need to mark the case as STAT.

Clinic is open

Flipsu editor will see an exclamation beside the case in their editing queue indicating that it is a STAT case.

The radiologist clicks on the STAT button before sending to the editor.

Receptionist from the requesting clinic regularly checks radiant for report and print.

Flipsu editor edits the STAT case as usual and send the case to RIS. Editor goes into RIS and spot fax it to the referring physician.

Radiologist contacts referring physician.

OR

Radiologist fills out the verbal form and either gives it to the receptionist or leave in their wall file.

The clinic that requested the verbal is responsible for calling the referring physician's office and confirm that they have received the fax and/or relay the verbal to the referring physician's office.

The editor puts a comment in RIS to say that it was spot faxed.

The receptionist leaves a comment in RIS on who they confirmed the verbal with or leave voice-mail and log the date and time in RIS. The voice-mail should state patient name, DOB and a STAT report was faxed.

Forms

Forms are located in the front office and stored on the intranet for access. Technical worksheets, incident reports, consents, release of health information are examples of the forms that we use every day. It is important that we always use the most recent draft of any form for consistency throughout the clinics.

Destroy all old versions of forms and do not use them.

Pregnancy Form

This form is used for X-Ray patients.

If a patient is pregnant, and insists on doing the X-Ray, she must sign a Pregnancy Release form. When this form is filled out, it must then be scanned into the patient's file.

It is safe for a patient to do an X-Ray whilst Breastfeeding.
In order to do the X-Ray, the Radiologist must confirm that it is ok to go ahead with the X-Ray. If we do not proceed and NO x-ray is done:
We must then change the code to A331 – Minor Assessment. The tech will make a note on the procedure, and the Radiologist can dictate the situation and we can send a report to the doctor.

See copy at the end of this section X-Ray Associates Requisition: see sample at the end of this section Incomplete Requisition:
In order to do any procedure, we **MUST** have the following items:
- Clear indication of service being done-box checked or hand written
- Drs Name with signature or stamp
- The Patient's name/DOB/address/phone number- if blank-ask the patient to complete section and check ID.
- Clinical History

If this is not on the requisition we need to send a reminder letter to the physician's office. A requisition is a **legal document**; therefore, all the information must be correct and properly filled out. Requisitions are valid for _**6 months**_ from the date of issue.
  See sample at the end of this section Release of Personal Health Information
    Please Note that patients are able to obtain a copy images only. NOT reports.

Health Card Release Form

If a patient comes into the office without a valid health card, whether it is expired or future dated, we can still accept the patient.

Notify the patient that the health card is no longer valid, and have them sign a Health Release form. This form enables us to go to the Ministry of Health and get permission to obtain the new version code. Please tell the patient that if we do not get the version code from them, we will have to charge them for the services.

Make a copy of the Release Form, send the original to Head Office and give a copy to the patient. On the original, make note of the case number to make tracking easier.

> Ontario

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Health Number/Numéro de carte Santé	Version

Ministry Use Only/Réservé au ministère

Health Number Release

Divulgation du numéro de carte Santé

This form may be submitted to the Ministry of Health and Long-Term Care when the Health Number of a patient is not available.
La présente formule peut être envoyée au ministère de la Santé et des Soins de longue durée lorsque le numéro de carte Santé d'un patient ou d'une patiente n'est pas disponible.

Confidential when completed/Renseignements confidentiels

1. Patient/Patiente

A. General Information/Renseignements généraux

Last name/Nom de famille

First name/Prénom

Middle name/Deuxième prénom

Sex/Sexe

[ ] M [ ] F

Birth date/Date de naissance
year/année   month/mois   day/jour

If an alternate last name is known, please provide/Si vous avez un deuxième nom de famille, inscrivez ici

B. Health Number Disclosure/Divulgation du numéro de carte Santé

The Ministry of Health and Long-Term Care will give your Health Number to the health care provider/facility.

Le ministère de la Santé et des Soins de longue durée donnera votre numéro de carte Santé au fournisseur/à la fournisseuse ou à l'établissement de soins de santé.

I agree to allow the Ministry of Health and Long-Term Care to release my Health Number to the health care provider/facility listed below.

J'autorise le ministère de la Santé et des Soins de longue durée à divulguer mon numéro de carte Santé au fournisseur ou à l'établissement de soins de santé dont le nom figure ci-dessous.

Collection of the information on this form is for the assessment and verification of eligibility for Health Insurance and Drug Benefit and administration of the Health Insurance and Ontario Drug Benefit Acts, and for health planning and coordination. It is collected/used for these purposes under the authority of the Ministry of Health Act, section 6(1,2), Health Insurance Act, section 4(2) (b,f), 10, 11(1), and Regulation 201/96 under the Ontario Drug Benefit Act, section 2. For information about collection practices, call 1 800 268–1154, in Toronto (416) 314–5518, or write to the Director, Registration and Claims Branch, P.O. Box 48, 49 Place d'Armes, Kingston ON K7L 5J3.

Les renseignements demandés dans cette formule sont réunis aux fins d'évaluation et de vérification de l'admissibilité à l'assurance-santé et aux prestations de médicaments gratuits, aux fins d'administration de la Loi sur l'assurance-santé et de la Loi de 1986 sur le régime de médicaments gratuits de l'Ontario, et aux fins de planification et de coordination des services de santé. Ces renseignements sont réunis ou utilisés à ces fins en vertu de la Loi sur le ministère de la Santé, paragraphes 6(1),(2), de la Loi sur l'assurance-santé, alinéas 4(2)b),f), article 10, paragraphe 11(1), et du Règlement 201/96 pris en application de la Loi de 1986 sur le régime de médicaments gratuits de l'Ontario, paragraphe 2. Pour plus de précisions sur la collecte de ces renseignements, faites le 1 800 268–1154 ou, à Toronto, le (416) 314–5518, ou écrivez au directeur ou à la directrice de l'inscription et des demandes de règlement, C.P. 48, 49, Place d'Armes, Kingston ON K7L 5J3.

Signature of
[ ] applicant   [ ] legal guardian
[ ] parent   [ ] power of attorney   **X**

Date

Home phone number / Téléphone (domicile)
( )

Business phone number / Téléphone (bureau)
( )

A parent or guardian may sign for a child under 16 years of age. An attorney under continuing power of attorney, an attorney under power of personal care, or a legal guardian may also sign on behalf of an individual of any age.
Le père, la mère ou le tuteur, la tutrice peuvent signer pour un enfant de moins de 16 ans.

2. Provider/Facility / Fournisseur/Fournisseuse/Établissement

Provider no./Nº du fournisseur	Provider's phone number Nº de téléphone du fournisseur	Facility no./Nº de l'établissement	Facility phone number Nº de téléphone de l'établissement
	( )		( ) –

The Health Number of the patient will be returned to the provider/facility listed here.

Le numéro de carte Santé du patient/de la patiente sera transmis au fournisseur/à la fournisseuse/à l'établissement de soins de santé dont le nom figure ci-dessous.

Date of service/Date de prestation du service
year/année   month/mois   day/jour

Provider/Facility name and address/Nom et adresse du fournisseur

Ministry Use Only/Réservé au ministère	
Date received	
Date processed	Processed by

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X-RAY ASSOCIATES

www.xrayassociates.org

Aurora	125 Pederson Drive, Unit 3, 4 & 5, Aurora, ON L4G0E3
Newmarket	679 Davis Drive, Suite 104, Newmarket, ON L3Y5G8
Richmond Hill	250 Harding Blvd. W., Suite B02, Richmond Hill, ON L4C9M7
Vaughan	955 Major Mackenzie Drive, Suite 102, Vaughan, ON L6A 4P9

Date _____

Doctor_____

X-Ray Associates is committed to excellence. Our experienced and dedicated staff offer the highest quality of medical imaging in a friendly and patient focused environment. To assist us, and to prevent undue delays in your patient's care, please ensure that all requisitions have the mandatory information listed below.

Patient's name:_____
Date of order:_____
Doctor's signature:_____ (CPSO-A rubber stamp is not a unique signature.)
Clear indication of X-ray required:_____
Clinical indication for procedure:_____

Please Fax back completed requisition to: _____

The Ministry of Health, College of Physicians and Surgeons of Ontario and the College of Medical Radiation Technologists of Ontario, all prohibit us from performing an X-RAY on any patient whose requisition does not contain the appropriate information listed above.

Thank you for your immediate cooperation and assistance.

Marlene McCarthy General Manager

PACS

X-Ray Associates uses a Velox PACS (Picture Archiving and Communication System) system. We archive all of the images and information on patients that have been in our clinics. We are connected to Cortellucci, MH and Southlake Hospitals via different PACS Systems. Our PACS admin, Vicki, works out of head office in Vaughan or Aurora.

Velox Portal is the program our referring physicians use to view their patient's images in their medical offices. Doctors must be set up by the PACS Admin.

When a patient has a procedure in any of our clinics the images are sent from the imaging system to PACS. Sometimes images may be placed in a different case, or images will not be stored in that patients file (this then becomes UNSPECIFIED)

The PACS administrator makes sure that all unspecified images go into the correct case and fixes any abnormalities. They also help set up doctors to gain access to the PACS network.

Voice Recognition in our PACS is used by our radiologists to dictate their reports. These workstations are located in Vaughan and Aurora

There is a procedure plan when there is no front desk clerk available.

Downtime Procedures. When the PACS, RIS or network goes down we can still provide services to our patients.

DOWNTIME PROCEDURES

There are several types of downtime situations that our clinics encounter from time to time. Sometimes these occur on weekends and or evenings. It is mandatory that all staff become familiar with downtime procedures and follow these when a situation arises. If downtime procedures are followed properly, the clinics can maintain a normal level of service to our patients with minimal delay in reports. Technical staff should be familiar with downtime procedures for the system that they are working on. If not please consult with a colleague to ensure that you learn this procedure.

NO CLERK – WHAT TO DO
TECHNOLOGISTS CAN STILL PERFORM CASES.

1. Welcome the patient to the clinic. Explain that the clerk has called in sick so you will take down the necessary information and will complete their exam.
2. Review the patient's requisition and check that an appropriate exam is checked with associated clinical information. The referring physician 's signature must be present.
3. Ask the patient for their health card and photocopy it. Be sure that you can read the copy.
4. Ask the patient to complete the top of the requisition with the correct spelling of their: name, address, telephone number and date of birth.
5. Confirm the correct name and address of the referring physician. There is a complete list of referring physicians located at the back of the downtime manual for reference. There is a downtime manual located in each reception area.
6. Using forms from the downtime manual. You can create a unique accession number for each patient's procedure to track the cases. This can be a mix from all modalities. X-ray, or Ultrasound exams: If not please proceed with the patient exam using OHIP number as a reference if required in modality. Use the date after the clinic identifier so that the equipment doesn't bring up unrelated previous. See example for April 22 below.

- NM4221, NM4222, NM4223. Newmarket
- AU4221, AU4223, AU4223.   Aurora
- RS4221, RS4222, 422 R422S3.   Vaughan
- YM4221, YM3, YM4223.   Harding

7. Enter each procedure's accession number on top of the patient's requisition paper and in the downtime form.
8. Using the information on the health card, enter the necessary information into your modality.
9. When the procedure is done, please send the images to PACS. Do not verify the study. The SA will notify each clinic when to verify.
10. Make sure all procedures are performed on the requisition and place the original and/or photocopied requisition and all the necessary worksheets in a safe place at the front desk.
11. Fax all downtime forms to the SA when a front desk clerk is available.

CLINIC: _____

DATE: _____

CLINIC +

LAST NAME SURNAME	FIRST NAME FIRST	ACCESSION # (MMDD# PT # (start @ 1)	# images	# of images DR + CR
		eg NM 060611 9 PT #1 June 1st		
		eg NM 071422 9 PT #22 July 14		

CLINIC

NM DATE THEN NUMBER

DOWNTIME FORM

DATE: _____

CLINIC LOCATION: _____

NAME _____

#	PATIENT		ACCESSION NUMBER	PROCEDURE NAME	IMAGE COUNT	COMMENTS
	LAST NAME	FIRST NAME				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

SIGNATURE: