



# X-RAY ASSOCIATES

www.xrayassociates.org



APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

## PATIENT INFORMATION

LAST NAME		FIRST NAME	
ADDRESS		POSTAL CODE	
TELEPHONE	DATE OF BIRTH	SEX	
	D   D   M   M   Y   Y	<input type="checkbox"/> M <input type="checkbox"/> 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)

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

## 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)

## 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
- DaT SCAN (Non OHIP)
- OTHER \_\_\_\_\_

## 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)

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

- |                                                                |                                                          |                                                          |
|----------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>OBSTETRICAL</b>                                             | <b>OTHER</b>                                             | <b>R L MSK</b>                                           |
| <input type="checkbox"/> NUCHAL TRANSLUCENCY IPS (12-13 Weeks) | <input type="checkbox"/> THYROID                         | <input type="checkbox"/> SHOULDER                        |
| <input type="checkbox"/> < 16 WEEKS                            | <input type="checkbox"/> NECK                            | <input type="checkbox"/> ACHILLES TENDON                 |
| <input type="checkbox"/> > 18 WEEKS                            | <input type="checkbox"/> TESTICULAR                      | <input type="checkbox"/> PLANTAR FASCIITIS               |
| <input type="checkbox"/> BIOPHYSICAL PROFILE                   | <input type="checkbox"/> SOFT TISSUE PALPABLE LUMP _____ | <input type="checkbox"/> BAKER'S CYST                    |
| <input type="checkbox"/> TWINS                                 |                                                          | <input type="checkbox"/> GREAT TROCHANTER (for Bursitis) |
| <b>GENERAL</b>                                                 | <b>R L VASCULAR</b>                                      | <b>CARDIAC</b>                                           |
| <input type="checkbox"/> ABDOMEN                               | <input type="checkbox"/> CAROTIDS                        | <input type="checkbox"/> ECHOCARDIOGRAM                  |
| <input type="checkbox"/> PELVIC (M or F)                       | <input type="checkbox"/> VENOUS LOWER EXTREMITIES        |                                                          |
| <input type="checkbox"/> FEMALE PELVIC and TRANSVAGINAL        | <input type="checkbox"/> ARTERIAL LOWER EXTREMITIES      |                                                          |
| <input type="checkbox"/> LIMITED RENAL AND BLADDER (KUB)       | <input type="checkbox"/> VENOUS UPPER EXTREMITIES        |                                                          |
| <input type="checkbox"/> SOFT TISSUE HERNIA                    | <input type="checkbox"/> ARTERIAL UPPER EXTREMITIES      |                                                          |
|                                                                | <input type="checkbox"/> AORTA (AAA SCREENING)           |                                                          |



# X-RAY ASSOCIATES



**NO SCENTS...IS GOOD SENSE!**

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



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.

## 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

## 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:

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

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

#### Stop for 24 hours before the test

- Metoprolol (Lopressor)
- Diltiazem (Cardizem; Tiazac)
- Acebutolol (Monitan; Sectral)
- Carvedilol (Coreg)
- Verapamil (Isoptin)
- Pain medication containing caffeine (i.e. Tylenol #2, #3)

#### Stop for 48 hours before the test

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

## 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.**

### 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

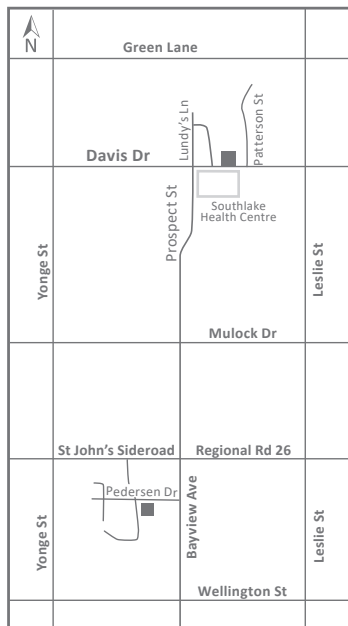
### Aurora

*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 - Wed 8:00 am - 7:00 pm  
Thurs - 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

