

Last Name: _____ First Name: _____ Sex: M F
 Tel: _____ Address: _____ Date: _____
 Health Card Number _____ Version _____ Date of Birth _____
 Appointment Date & Time _____

BRING HEALTH CARD | FREE PARKING

X-RAY No Appointment Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- Chest PA & Lateral
- Chest PA
- Ribs R L
(Includes PA Chest)
- Sternum

HEAD & NECK

- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses (Not covered by OHIP)
- Mastoids
- Neck, Soft Tissue
- Pre MRI Orbits

ABDOMEN

- Plain Film (K.U.B.)
- Acute(3 vews includes PA Chest)

SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Scoliosis Series
- Lumbo-Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- Pelvis
- Pelvis & Hip
 R L Both
- Other _____

SKELETAL SURVEY

- Metastatic series
- Arthritic series
- Bone Age

UPPER EXTREMITIES

- 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
- Wrist R L
- Scaphoid R L
- Hand R L
- Wrist & Hand R L
- Finger 1 2 3 4 5 R L



LOWER EXTREMITIES

- Hip R L
- Femur R L
- Knee R L
- Tibia & Fibula R L
- Ankle R L
- Calcaneus R L
- Foot R L
- Toe 1 2 3 4 5 R L



PREGNANCY RELEASE FORMS
 I declare, to the best of my knowledge that Im not presently pregnant.
 Signature _____

CARDIAC SERVICES

- Echocardiogram
- Holter Monitors: 24Hrs 48Hrs 72Hrs 14 Days

INDICATIONS

- Chest pain
- Hypertension
- Shortness of breath
- Murmur / Valvular heat disease
- Congenital heart disease
- Stroke/TIA
- Palpitations
- Other Specify _____
- Arrhythmia
- Pre-syncope/Syncope
- Prosthetic valve: Bio/Mechanical
- Previous myocardial infarction
- Diabetes
- Dyspnea, Edema and cardiomyopathy
- Thoracic Aortic Disease
- Neurologic or Possible Embolic Events
- Infective Endocarditis
- Pericardial Disease
- Pulmonary Disease
- interventional Procedure

CLINICAL INFORMATION REQUIRED:

MD: _____ Please Print Name _____ Signature _____
 Billing# _____ CC: _____ Please Print Name & Provide Fax No. _____
 DR'S OFFICE STAMP

REQUEST FOR STAT CASE / URGENT

Tel: _____
 Fax: _____

APPOINTMENT

Date: _____ Time: _____

INSTRUCTIONS

ECHOCARDIOGRAPHY PATIENT INSTRUCTIONS:

1. ** This test is an ultrasound of your heart. It will take one (1) hour.
2. Please wear a 2-piece outfit that buttons in the front.
3. Please bring a list of all the medicines you are currently taking.
4. Please bring your health card and a photo ID.



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