TORONTO DIAGNOSTIC CENTRE

	TENT INFORMATION	N	120	61 KENNEDY ROAD, UNIT 3	
Patient Last Name	First Name	○F ○M		SCARBOROUGH, ON	
Address	Town/City	Postal Code	\neg	M1P 2L4	
OHIP No.	Date of Birth	Telephone	\neg	P. 416-288-1114	
				F. 416-288-1113	
REF Doctor's Name	FERRING PHYSICIAN OHIP Billin	OHIP Billing#		@torontodiagnosticcentre.co w.torontodiagnosticcentre.co	
Telephone Fax	Email			•	
Address			— Fe	Free parking male technicians available	
Signature	Date			Wheelchair accessible	
	BONE MIN	ERAL DENSITY	<u> </u>		
○ Baseline ○	Low Risk (3 years)	O Low Risk (5 year	rs)	O High Risk (1 years)	
	ULTR/	ASOUND			
ABDOMEN	O PELVIS. Transva		BREAS		
○ Bilateral○ Wall	O PROSTATE. Trai	insrectal	O Bila	ateral $\bigcirc R$ $\bigcirc R$	
O Hernia	O PRE & POST VO	OID VOLUME			
OBSTETRICS L.M.P	O NECK Thyroid			ULOSKELETAL (joints)	
○ Dating (<16 weeks)○ IPS (NT) (11-13 weeks)	Salivary	y Gland O		R L Shoulder O Ankle/Foot	
 Routine Anatomy Scan 	Neck M		001	Elbow O Hip Wrist O Groin	
(18 - 20 weeks) O High Risk (<20 weeks)	○ SCROTUM / TE	STES	001	Hand	
O BPP			00	Knee Other	
		AL X-RAY			
ABDOMEN	HEAD	UPPER EXTREMIT	TIES	LOWER EXTREMITIES	
Single ViewAcute (2 views)	○ Skull ○ Sinuses	R L ○ ○ Shoulder		R L ○ ○ Hip	
CHEST	○ Mastoids ○ ○ Clavicle			○ ○ Femur	
Chest (PA-Immigration)	Soft Tissue NeckAdenoids	O O A.C. Joints O O Scapula		○ ○ Knee	
○ Chest (PA & LAT)	O Pit. Fossa	○ ○ Humerus		○ ○ Tib & Fib ○ ○ Ankle	
○ Ribs ○ R ○ L ○ B (includes PA chest)	Facial BonesNasal Bones	O O Elbow		O O Foot	
○ Sternu	○ Mandible	○ ○ Forearm ○ ○ Wrist		○ ○ Heel	
O Sterno-Clavicular Joints	O T.M Joints	○ ○ Scaphoid		0 0 Toe 01 02 03 04 0!	
Tech Tech Factor	Orbit Orbit pre MRI				
SKELETAL SURVEY				<u> </u>	
○ Arthritis		SPINE & PELVI	IS		
MetastaticBone Age	_	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		√x ○ Pelvis & Hip ○R ○L ○ Scoliosis	
		5.1. JOINES 0 1 CI			
CLINICAL IIV	NFORMATION	 ,	_	iNANCY RELEASE pelow, I declare to the best	
				ledge that I am NOT	
			presently pre		
			C1		

PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND PREPARATIONS

O ABDOMEN, ABDOMINAL, AORTA

Avoid excess fats the night prior to the exam and solid food 8 hours before the exam. Small quantities of clear fluids are permitted.

(Any medication should be taken as required).

O PELVIC ONLY - FEMALE & MALE

One hour prior to exam drink 4 cups of water (total 32oz). Do **NOT** empty bladder.

O PROSTATE-TRANSRECTAL

The evening before the examination, take a fleet enema (purchased at the drug store). One hour prior to exam, drink 4 cups of water (total 32 oz). Do **NOT** empty bladder.

O ABDOMEN & PELVIS. SAME VISIT

Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. One hour prior to exam drink 4 cups of water (total 32 oz). Do **NOT** empty bladder.

O PREGNANCY

One hour prior to the exam, drink the required amount of water under

12 weeks 4 cups (32 oz) 14 - 24 weeks 3 cups (24 oz) Over 24 weeks 2 cups (16 oz)

○ SCROTUM, THYROID+NECK, PARATHYROID, SALIVARY GLANDS, MUSCULO-SKELETAL

No preparation required.

○ ECHOCARDIOGRAM, ECG

No preparation required.

○ X-RAY PROCEDURES

No preparation required.

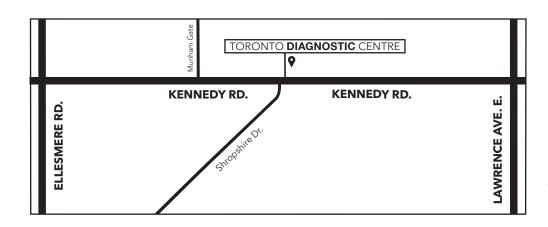
O BONE MINERAL DENSITY

No vitamins, no calcium or iron supplements on day of your exam.

APPOINTMENTS

PLEASE FOLLOW PREPARATIONS CAREFULLY:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx. 45 minutes for each exam.
- **Please arrive 10 minutes prior** to your scheduled appointment in order to register and to complete any necessary paperwork.
- 48 Hour notice is required for cancellations, \$50 fee may be charged for missed appointment with no notice.
- Report will be sent to the referring physician within 2 3 days.
- Urgent cases will be forwarded as soon as possible.
- Ministry of Heath guidelines restrict the release of reports directly to patients.



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