PICKERING DIAGNOSTIC IMAGING CENTRE

106-1885 Glenanna Road, Pickering, ON L1V 6R6
Tel: 905-831-2255 • Fax: 905-831-6983
(X-ray, General/Vascular/Obs/MSK/Ultrasound, BMD, Mammogram, PFT)
For online booking www.pickeringimaging.com

WHITBY X-RAY & ULTRASOUND IMAGING

109-3050 Garden Street, Whitby, ON L1R 2G7
Tel: 905-493-3775 • Fax: 905-493-3757
(X-Ray, General/Vascular/Obs/MSK/Ultrasound)
For online booking www.whitbyultrasound.com

❑ STAT ❑ VERBAL

--OPEN 7 DAYS----ACCREDITED BY ONTARIO BREAST SCREENING PROGRAM----STAT STUDIES ARE DONE RIGHTAWAY--

Patient: Ph #:
Health Card#:
Date of Birth:
Address:

Clinical Information:

Ref Doctor:
Ph #: Fax #:
CC:
Signature: Billing #:

Report Delivery Preference:
Fax: ❑ HRM: ❑ Other:

ULTRASOUND (walk-in or book appointment)

GENERAL AND SMALL PARTS

❑ Abdomen
❑ Pelvis (Transabdominal)
❑ Pelvis (Transvaginal)
❑ Prostate (Transrectal)
❑ Parotid Gland
❑ Submandibular Gland
❑ Other Small Part .....
❑ Thyroid
❑ Neck ❑ B ❑ R ❑ L
❑ Breast ❑ B ❑ R ❑ L
❑ Axilla ❑ B ❑ R ❑ L
❑ Groin ❑ B ❑ R ❑ L
❑ Scrotal

MUSCULOSKELETAL

❑ Shoulder ❑ B ❑ R ❑ L
❑ Elbow ❑ B ❑ R ❑ L
❑ Wrist ❑ B ❑ R ❑ L
❑ Hip ❑ B ❑ R ❑ L
❑ Knee ❑ B ❑ R ❑ L
❑ Ankles ❑ B ❑ R ❑ L
❑ Foot ❑ B ❑ R ❑ L
❑ Calf
❑ Leg
❑ Arm
❑ Forearm
❑ Achilles Tendon
❑ Thigh
❑ Other Musculoskeletal.....
❑ Abd Wall ❑ B ❑ R ❑ L
❑ Neck Muscles ❑ B ❑ R ❑ L
❑ Plantar Fascia ❑ B ❑ R ❑ L

OBSTETRICAL

❑ Dating Scan
❑ Anatomy Scan
❑ NT Scan
❑ BPP
❑ Sonohysterogram (book appointment)
❑ Other Obstetrical .....

VASCULAR

❑ Lower Limb Venous ❑ B ❑ R ❑ L
❑ Lower Limb Arterial
❑ Upper Limb Venous ❑ B ❑ R ❑ L
❑ Upper Limb Arterial
❑ Carotid Doppler
❑ Renal Duplex Study
❑ Abd Aortic Doppler
❑ Other .....

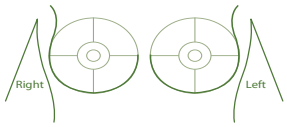
BMD (Walk-in or book appointment)

❑ Baseline Study
❑ Follow-up (3-5 years)
❑ High Risk

MAMMOGRAPHY (book appointment)

❑ Diagnostic ❑ B ❑ R ❑ L
❑ OBSP (50-74 year)

Ontario Cancer Care Ontario



❑ Lump
❑ Pain
❑ Discharge
❑ Implants ❑ YES ❑ NO

❑ Pregnant ❑ Not Pregnant X-RAY (Walk-in)

CHEST

❑ Chest PA and LAT
❑ Sternum
❑ Sternoclav. Joints
❑ Ribs ❑ B ❑ R ❑ L
❑ Chest PA (Immigration)

ABDOMEN

❑ KUB
❑ Acute (2views)
❑ Acute Abd + Chest PA

SPINE & PELVIS

❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar-Sacral
❑ Sacrum & Coccyx
❑ L/S Spine, Pelvis & SI Joint
❑ Pelvis
❑ Pelvis & Hips
❑ SI Joints

SKELETAL SURVEY

❑ Arthritic
❑ Metastatic ❑ Bone Age

HEAD & NECK

❑ Skull
❑ Sinuses
❑ Facial Bones
❑ Nasal Bones
❑ Mandible
❑ Mastoids
❑ TM Joints
❑ Adenoids
❑ Soft Tissue Neck
❑ Orbits
❑ Scoliosis Series

UPPER EXTREMITIES

❑ Shoulder ❑ B ❑ R ❑ L
❑ Clavicle ❑ B ❑ R ❑ L
❑ AC Joints ❑ B ❑ R ❑ L
❑ Scapula ❑ B ❑ R ❑ L
❑ Humerus ❑ B ❑ R ❑ L
❑ Elbow ❑ B ❑ R ❑ L
❑ Forearm ❑ B ❑ R ❑ L
❑ Wrist ❑ B ❑ R ❑ L
❑ Hand ❑ B ❑ R ❑ L
❑ Digits ❑ B ❑ R ❑ L
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

LOWER EXTREMITIES

❑ Hip ❑ B ❑ R ❑ L
❑ Femur ❑ B ❑ R ❑ L
❑ Knee ❑ B ❑ R ❑ L
❑ Tibia & Fibula ❑ B ❑ R ❑ L
❑ Ankle ❑ B ❑ R ❑ L
❑ Foot ❑ B ❑ R ❑ L
❑ Calcaneus ❑ B ❑ R ❑ L
❑ Toes ❑ B ❑ R ❑ L
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

CARDIOLOGY (book appointment)

❑ Electrocardiogram (Rest ECG)
❑ Echocardiogram
❑ Treadmill Stress Testing and Consultations
❑ Holter Monitoring ❑ 48 Hrs. ❑ 72 Hrs.
❑ Holter Monitoring
❑ 7 Days ❑ 14 Days ❑ 30 Days
❑ 24 Hrs. BP Monitor (Not insured by OHIP)

Heart Care
Personalized Heart Care

PULMONARY FUNCTION TESTING (PFT)

❑ **Complete Pulmonary Function Study**
❑ **Spirometry**
❑ **Pre & Post Brochodilator Spirometry**
❑ **MIPS/MEPS**
❑ **Home Oxygen Assessment**
❑ For O2 funding requalificaiton
❑ **6 Minute Walk Test** ❑ On Room Air ❑ On O2 lpm
❑ **Methacholine Challenge Test**
❑ **Others** _____

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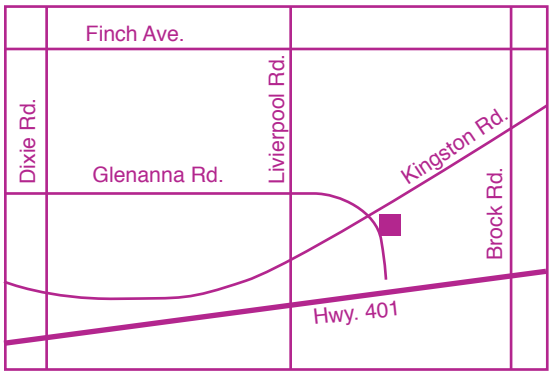
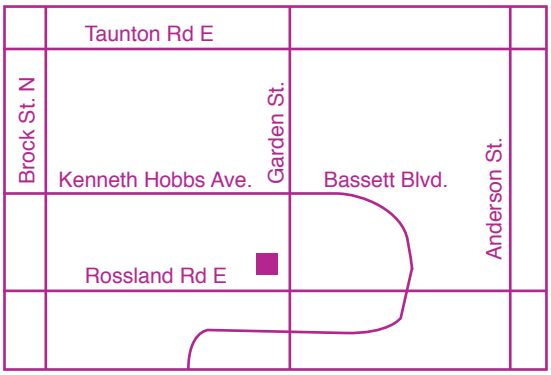


SCHEDULES

Ultrasound: All 7 Days
Monday - Friday 8am - 7pm
Saturday & Sunday 8am - 4pm

X-Ray, BMD & MAMMO
Monday - Friday 9am - 5pm
Saturday 9am - 1pm

PFT;
Please call for appointment



***Open 7 Days a week** ***Free parking** ***Female Tech avialable**

ALL X-RAYS, ULTRASOUNDS AND BMDS ARE DONE ON WALK-IN BASIS ALSO ALONG WITH BOOKED APPOINTMENTS

PREPARATIONS:

Ultrasound:

1. **Pelvis (F&M) & Obstetrical < 16 wks-** Drink 4-5 glasses of water/clear fluids 1 hour before the appointment, do not void, full bladder is required during examination.
2. **Abdomen, Abdominal Aorta & Renal Duplex**- Nothing to eat or drink 8 hours prior to exam. May sip only plain water if thirsty. May take prescribed medication.
3. **Abdomen & Pelvic together-** Nothing to eat or drink (except medication) 8 hour prior to exam. May sip only plain water if thirsty. Drink 3-4 glasses of plain water (no other fluid) 40-60 minutes before the study. **Do not void.**
4. **Prostate (Transrectal)-** Take 2 Dulcolax tablets night before at bed time. Clear bowel in the morning. Drink 4-5 glasses of clear fluid/water 1 hour before the appointment. **Do not void.**

Mammogram:

1. On day of study, after shower, **Do not** use deodorant or body powder it can ruin mammogram. Wear a 2 piece outfit.
2. Avoid caffeine to reduce breast tenderness. If having premenstrual tenderness, rebook appointment.

NO PREPARATION NECESSARY FOR ALL ULTRASOUNDS OTHER THAN MENTIONED ABOVE, ALL X-RAYS AND BMD

FOR HOLTER AND 24 HOURS BP MONITOR:
A cash deposit of $40 to be made at the time of check in, which will be refunded at the time of device return. If the return of the device is delayed charges of $50 per day will apply. If the device is not returned, $1800 to be paid for lost device.

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