

Your Appointment

Limeworth X-Ray and Ultrasound

MAMMOGRAPHY & BONE DENSITY & ECHOCARDIOGRAM

Wentworth - Limeridge Medical Centre

849 Upper Wentworth St., Ste 102 (60 Mall Road)

Hamilton, Ontario L9A 5H4

(between Mohawk and Limeridge Mall)

Tel: 905-574-7755

Fax: 905-574-0384

Mon, Tues, Thurs 7:00am - 6:00pm

Wed, Fri 8:00am - 5:00pm

Sat 8:00am - 2:00pm

WHEELCHAIR ACCESSIBLE

DAY _____

DATE _____

TIME _____

X RAY REQUEST

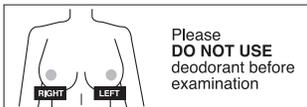
ABDOMEN

- K.U.B. (1 View)
- 3 Views

HEAD & NECK

- Skull
- Adenoids
- Soft Tissues of Neck
- Mastoids
- Facial Bones
- Nasal Bone
- Orbits
- Mandibles
- T.M. Joints

- BONE AGE
- SCOLIOSIS



CHEST

- Chest
- Ribs L R
- Sternum
- S.C. Joint

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum & Coccyx
- S.I. Joints
- Pelvis
- Pelvis & Hips L R

SKELETAL SURVEY

- Metastatic series
- Arthritic series

MAMMOGRAPHY & BREAST IMAGING

- OBSP
- SCREENING
- DIAGNOSTIC
- BREAST ULTRASOUND L R

UPPER EXTREMITIES

- L R Clavicle
 - A.C. Joints
- L R Shoulders
- L R Scapula
- L R Humerus
- L R Elbow
- L R Forearm
- L R Wrist
- L R Hand
- L R Thumb
- L R Finger No. 1 2 3 4 5

LOWER EXTREMITIES

- L R Hip
- L R Femur
- L R Knee
- L R Tib & Fib
- L R Ankle
- L R Foot
- L R Calcaneus
- L R Toe No. 1 2 3 4 5

ECHOCARDIOGRAM

(Adult)

- Verbal
- Patient Return

ULTRASOUND REQUEST

ABDOMEN

- Complete
- Kidney and Bladder
- Limited
- Inguinal

PELVIS

- Male Transrectal
- Scrotum
- Female
- Transvaginal

NECK

- Thyroid Lump

MUSCULOSKELETAL

- L R Shoulder
- L R Elbow
- L R Wrist
- L R Hand
- L R Leg
- L R Knee
- L R Ankle
- L R Foot
- L R Achilles
- L R Plantar Fascia
- Lump

OBSTETRICS

- OB Dating (<18 WKS) OB
- OB Routine (18-20 WKS)
- IPS
- Third trimester _____
- BPP

BONE DENSITY (DEXA)

- Baseline High risk management after 1 year
- First follow up after 3 years Date of last exam _____
- Low risk after 5 years

Other Examination or Views _____

PATIENTS LAST NAME				FIRST NAME				
HEALTH CARD NUMBER				DATE OF BIRTH		TELEPHONE		
				D	M	Y		

Clinical Information _____

Date _____ Referred By _____ Signature _____

X-RAY PREGNANCY RELEASE FORM

I declare to the best of my knowledge that I am NOT presently pregnant.

Signature of Patient

Total images _____	X-Ray Exp.	
	KVP	MAS
	P.A.	_____
	LaT	_____
	Fluoro Time ()	
	Shielding ()	

I give my consent for PRIORITY

Trans vaginal / Trans rectal Ultrasound

Signature _____

Please Bring Valid Health Card and This Requisition

Please call 24 hours in advance if you need to change your appointment. Please arrive 15 minutes before appointment.

EXAM PREPARATION

ABDOMINAL ULTRASOUND

Nothing to eat or drink after midnight 8 hours before examination and no smoking.

PELVIC or PREGNANCY ULTRASOUND

Drink 4 large cups of water to be finished 1 hour before examination. Do not empty bladder.

MALE PELVIC WITH TRANSRECTAL ULTRASOUND

After dinner the night before your test, take a laxative. Do not have anything to eat or drink with the exception of water until after your test. The day of your test. Follow the PELVIC ultrasound instructions describe above.

COMBINATION OF ABDOMINAL & PELVIC ULTRASOUND

No Food for 8 hours before examination and no smoking.

Drink 4 large cups (1 Liter) of WATER to be finished 1 hour prior to examination. Do not empty bladder.

TAKE YOUR MEDICATION WITH SMALL AMOUNT OF WATER

إختبار الموجات فوق الصوتية للحوامل والجهاز التناسلي
للإناث والرجال:

يُطلب منك شرب ٤ أكواب من الماء قبل إجراء الفحص بساعة
بحيث تكون مثانتك ممتلئة ولا تفرغ مثانتك إلا بعد الإختبار.

إختبار الموجات فوق الصوتية للبطن:

يُرجى الصيام عن الأكل والقهوة والتدخين لمدة ٨ ساعات قبل
الإختبار. يمكنك شرب الماء أو أخذ علاجك فقط.

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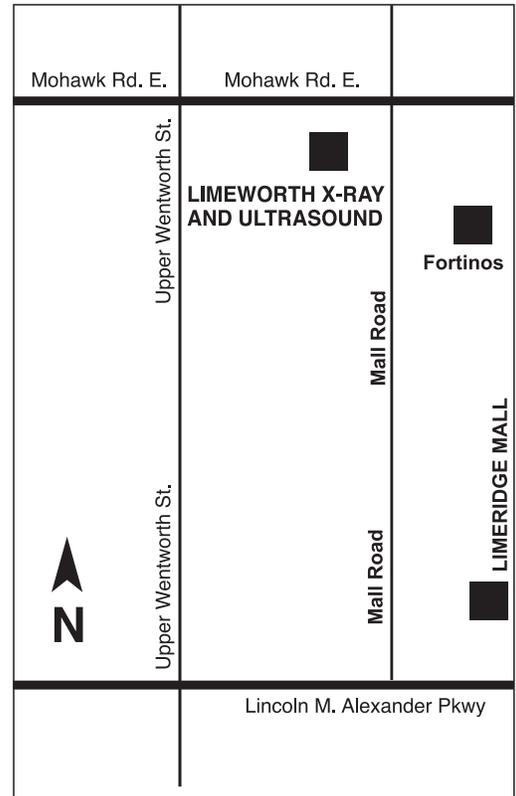
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THANK YOU FOR YOUR COOPERATION

Please arrive 15 minutes prior to scheduled appointment time