

Patient's Last Name _____ First Name _____
 Address _____
 Phone # _____ Date of Birth _____
 Health Card # _____ VC _____

APPOINTMENT DATE _____ TIME _____ AM PM

Referring Physician: _____ M.D.
 CC _____ M.D.

IMPORTANT:
 - Bring your health card and this form to appointment.
 - Please follow test preparation on back of form.
 - Please arrive 10 minutes before procedure.
 - If you do not speak English, please bring an interpreter.

X-RAY - No Appointment Needed

"I declare that to the best of my knowledge that I am not presently pregnant" Signature _____

HEAD & NECK

- Skull
- Sinuses
- Facial Bones
- Nasal Bones
- Soft Tissue of Neck
- Orbits for MRI
- TMJ
- Mandible

SPINE & PELVIS

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

UPPER EXTREMITIES

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

LOWER EXTREMITIES

- R L
- Femur
- Knee
- Tibia & Fibula
- Ankle
- Foot
- Heel
- Toes 1 2 3 4 5

CHEST

- Chest PA & LAT
- Chest PA / VISA
- Ribs R L
- Sternum
- SC Joints

ABDOMEN

- KUB
- Flat Plate Abdomen
- Acute (2 views)

All other routine X-Ray exams are available. Please specify: _____

ULTRASOUND - Call for Appointment

OBSTETRICAL

- Date of LMP _____
- Dating
 - NT Measurement
 - Anatomic Survey
 - Growth
 - Biophysical Profile

SMALL PARTS

- Thyroid
- Neck
- Hernia
- Scrotal
- Soft Tissue: _____
- SONOHYSTEROGRAM

VASCULAR (Doppler)

- Carotid
- Arterial LowerExt.
- R L
- Venous Lower Ext.
- Ankle Brachial Index

ABDOMEN

- Complete Abdominal
- Kidneys
- KUB
- OTHER _____

PELVIC MALE

- Prostate & Bladder
- Transrectal

MUSCULOSKELETAL

- R L
- Shoulder
- Elbow
- Wrist
- Hand
- Knee
- Knee for Pop Fossa
- Foot
- Ankle
- OTHER _____

PELVIC FEMALE

- Pelvic / Transvaginal
- Follicle

BREAST IMAGING

MAMMOGRAM

- Routine Screening
- Diagnostic Right Left

Implants Yes No

BREAST ULTRASOUND R L

Ontario **Breast Screening Program**

BONE DENSITY

Date of Last Exam: _____

- 1st Time
- Follow-up LOW Risk
- Follow-up HIGH Risk

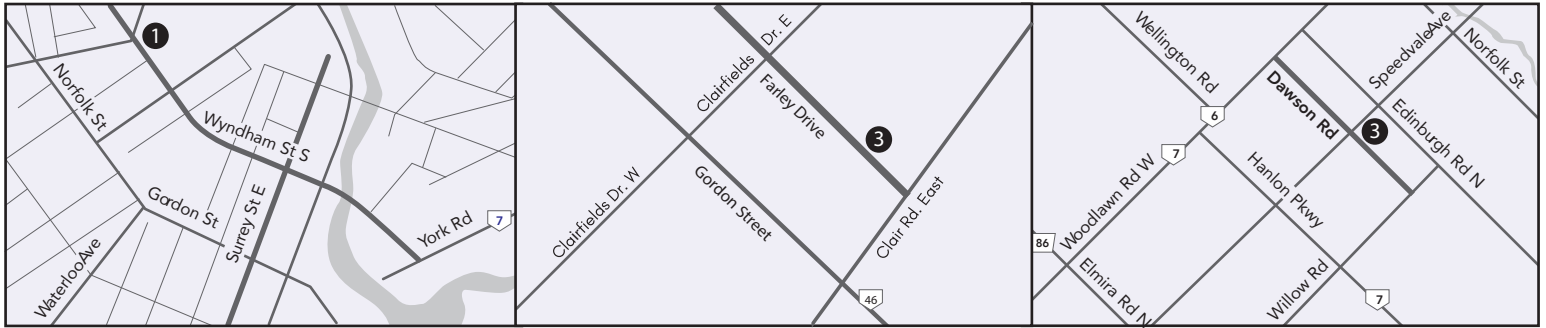
BARIUM

- Upper G.I. Series
- Small Bowel

PARTS TO BE EXAMINED / CLINICAL HISTORY

Verbal / Stat Tel: _____

PHYSICIAN'S SIGNATURE: _____ M.D. OHIP BILLING #: _____ DATE: _____



1 WYNDHAM LOCATION

Services: Ultrasound, X-Ray, Vascular, Mammogram, Bone Mineral Densitometry, Sonohysterogram, and Gastric

Guelph Medical Imaging
 (Old Quebec Street Mall)
 55 Wyndham Street North, Suite 206
 Guelph, ON N1H 7T8

(T) 226 314 0778 (F) 519 763 8242

*For OBSP Appointments
 Call: 226 314 0778 ext.111

Monday to Friday 8:00am to 5:00pm

2 WESTMINSTER LOCATION

Services: Ultrasound and X-Ray

Guelph Medical Imaging
 33 Farley Drive, Unit 11-12
 Guelph, ON N1 L 0B7

(T) 226 314 1537 (Central Booking Line)

(F) 519 763 3156

Monday to Friday 8:00am to 5:00pm



3 DAWSON LOCATION

Services: Ultrasound, X-Ray, Vascular and **Nuclear Medicine**

Guelph Medical Imaging
 83 Dawson Road, Suite 105
 (Back Building)
 Guelph, ON N1H 1B1

(T) 226 314 1190 (F) 519 763 3345

Monday to Friday 8:00am to 5:00pm

Appointments for Nuclear Medicine Services are available as early as 7:00am

TEST PREPARATION

ULTRASOUND

OBSTETRICAL AND PELVIC ULTRASOUND

- This test can only be done with a full bladder. You must finish 32 ounces/1 litre of water 1 hour prior to your appointment.
- DO NOT empty your bladder until after your procedure.

ABDOMINAL ULTRASOUND

Morning Appointment (before 10:30am)

- Nothing to eat or drink after midnight.

COMBINED ABDOMINAL AND PELVIC

- Nothing to eat or drink after midnight.
- You must finish 32 ounces / 1 litre of water 1 hour prior to our appointment.
- DO NOT empty your bladder until after your procedure.

PELVIC MALE ULTRASOUND

Prostate and bladder

- You must finish 32 ounces / 1 litre of water 1 hour prior to our appointment.
- DO NOT empty your bladder until after your procedure.

TRANSRECTAL ULTRASOUND

- Nothing to eat or drink after midnight.
- Perform fleet enema morning of procedure (3-4 hours prior to appointment)
- Bowel must be empty
- You must finish 32 ounces/ 1 litre of water 1 hour prior to our appointment.
- DO NOT empty your bladder until after your procedure.

BREAST IMAGING

MAMMOGRAM AND BREAST ULTRASOUND

Please wear a two piece outfit. Do not use underarm deodorant or talcum powder the day of the test.

Ontario Breast Screening Program

BARIUM

UPPER GI SERIES

Nothing to eat or drink after midnight.

SMALL BOWEL (may take up to 90 minutes)

- Nothing to eat or drink after midnight.

BONE DENSITY

1st Baseline BD in Ontario

Low Risk (2nd test - 36 months)

Low Risk (3rd test - 60 months)

High Risk (once every 12 months)

If you are unable to keep your appointment, please give us 24 hours notice.

Check with your physician regarding medication and that these preparations are right for you.

Note: If your test is not listed above, then there is no specific preparation required.