

Patient Last Name		First Name		Date of Birth		<input type="checkbox"/> M	<input type="checkbox"/> F
Address			Town/City		Postal Code		
OHIP No.			Telephone		<input type="checkbox"/> Verbal Report <input type="checkbox"/> STAT		
Referring Physician				Clinical Information			
Signature		Billing #					
C.C. Dr.		Fax					

X-RAY (No appointment needed)

BONE DENSITY

By Appointment Only

1. Bone Density

- Baseline
- First Follow-up (3 years)
- Low Risk (5 years)
- High Risk (1 year)

Appointment Time & Date

2. Abdomen

- Single View
- Acute (2 views)

3. Chest

- Chest (PA & LAT)
- Chest (PA-Immigration)
- Ribs R L B
(includes PA chest)
- Sternum
- Sterno-Clavicular Joints

Tech	Tech Factor
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4. Head

- Skull
- Sinuses
- Mastoids
- Soft Tissue Neck
- Adenoids
- Pit. Fossa
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints
- Orbit
- Orbit pre MRI

5. Spine & Pelvis

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

6. Upper Extremities

- R L
- Shoulder
 - Clavicle
 - A.C. Joints
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Finger 1 2 3 4 5

7. Lower Extremities

- R L
- Hip
 - Femur
 - Knee
 - Tib & Fib
 - Ankle
 - Foot
 - Heel
 - Toe 1 2 3 4 5

8. Skeletal Survey

- Arthritis
- Metastatic
- Bone Age

PREGNANCY RELEASE

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

ULTRASOUND (Please call to book appointment)

9. Abdomen

- Complete
- Wall
- Hernia

10. Obstetrics L.M.P.

- Dating (<16 weeks)
- IPS (NT) (11 - 13 weeks)
- Routine Anatomy Scan (18 - 20 weeks)
- High Risk (>20 weeks)
- BPP

11. Pelvis : Transvaginal

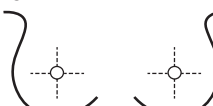
12. Prostate: Transrectal

13. Pre & Post Void Volume

- 14. Neck: Thyroid**
Salivary Gland
Neck Mass

15. Scrotum / Testes

16. Breast

- Bilateral
- R  L

17. Musculoskeletal (joints)

- R L R L
- Shoulder Hip
 - Elbow Groin
 - Wrist Knee
 - Hand Achilles Tendon
 - Finger 1 2 3 4 5 Ankle
 - Foot
 - Toe 1 2 3 4 5

Other _____

Appointment Time & Date