



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				<b>Clinical Information</b>			
Signature		Billing #					
		CPSO #					
Phone #		CC DR:					
Fax #		CC 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**  
 KUB (Single View)  
 Acute Abdomen (2 views + Chest PA)  
**3. Chest**  
 Chest (PA & LAT)  
 Chest (PA-Immigration)  
 Ribs  R  L  B (includes PA chest)  
 Sternum  
 Sterno-Clavicular Joints  
 Tech      Tech Factor

**4. Head**  
 Skull  
 Mastoids  
 Soft Tissue Neck  
 Adenoids  
 Pit. Fossa  
 Facial Bones  
 Nasal Bones  
 Mandible  
 T.M. Joints  
 Orbit  
 Orbit pre MRI

**5. Spine & Pelvis**  
 Cervical - AP & Lat  
 Cervical - AP, Lat & Oblique  
 Thoracic - AP & Lat  
 Lumbar - AP & Lat  
 Lumbar - AP, Lat & Oblique  
 S.I. Joints  
 Sacrum/Coccyx  
 Pelvis  
 Pelvis & Hip  R  L  
 Scoliosis Screening (2 views)  
 Scoliosis Series (4 views)

**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**  
 Abdomen + Pelvic Limited  
 Abdomen + Pelvis  
 Abdomen + pelvis + Transvaginal  
 Abdomen  
**10. Pelvis**  
 Female Pelvis: Transabdominal + Transvaginal  
 Male Pelvis: Transabdominal only + Pre & Post void only  
**11. Prostate**  
 Transrectal + Kidney + Bladder + Pre & Post void volume  
 Transabdominal + Kidney + Bladder + Pre & Post volume  
**12. Groin** Mass / Inguinal (Both side)  
**13. Scrotum / Testes**

**14. Neck:** Thyroid   
 Salivary Gland   
 Neck Mass   
**15. Breast**  R  L  
**16. Obstetrics** L.M.P. D / M / Y  
 Dating (<16 weeks)  
 IPS (NT) (11 - 13 weeks)  
 Routine Anatomy Scan (18 - 20 weeks)  
 High Risk (>20 weeks)  
 Biophysical Profile, AFI, EFW  
 **Book Follow Up Scan If Necessary**

**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  
**18. Lump/s**  
**19. Other Areas of Interest**  
 Appointment Time & Date