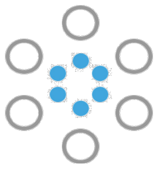


X-Ray 365

(aka) Queensway X-Ray & Ultrasound

Website www.xray365.ca | Text/Call 905-897-6970 | Fax 289-722-2023 | E-mail reception@xray365.ca

Suite 107-21 Queensway West, Mississauga, ON, L5B 1B6

• OPEN EVERYDAY (7 DAYS A WEEK) • FEMALE TECHNOLOGISTS AVAILABLE • FREE PARKING

PLEASE BRING THIS FORM AND YOUR HEALTH CARD ON THE APPOINTMENT DATE

PATIENT LAST NAME	FIRST NAME	DATE
HEALTH CARD NUMBER	DATE OF BIRTH	TELEPHONE/CELL
PATIENT'S ADDRESS:		

WOMEN IMAGING

☐ MAMMOGRAPHY L ⊕ R ⊕

☐ BREAST ULTRASOUND

(B) ☐ (L) ☐ (R) ☐

BONE DENSITY

☐ Baseline
☐ First follow up- 3yr
☐ Low Risk- 5yr
☐ High Risk- 1yr

Appointment Date & Time

Day________________

Date________________

Time________________

● I DECLARE THAT I AM NOT CURRENTLY PREGNANT. (For X-Rays)

● 24 hr notice required to cancel appointment or $40 charge

Y I am able to come on short notice N

● I consent to appts, results status & referrals being disclosed by phone, text or e-mail provided.

● I Agree that it is my (patient) responsibility to follow up on test results with a physician in reasonable amount of time.

Signature: ____________________

X-RAY *(No Appt. Required)*

SPINE & PELVIS XR

☐ Cervical Spine
☐ Thoracic Spine
☐ L/S Spine, Pelvis &S.I. Joints
☐ Lumbo-Sacral Spine
☐ Sacrum & Coccyx
☐ S.I. Joints
☐ AP Pelvis
☐ Pelvis & Both Hips
☐ Pelvis & L Hip
☐ Pelvis & R Hip
☐ Pelvis & S.I. Joints.

UPPER EXTREMITIES XR

L R Shoulder
L R Clavicle
L R A.C. Joints
L R Scapula
L R Humerus
L R Elbow
L R Forearm
L R Wrist & Scaphoid
L R Wrist
L R Scaphoid
L R Hand
L R Finger
N° 1 2 3 4 5
L R Soft Tissue (upper extremity)

HEAD & NECK XR

☐ Skull
☐ Sinuses
☐ Soft Tissues of Neck
☐ Nasal Bones
☐ Facial Bones
☐ Mandible
☐ T.M. Joints
☐ Orbits
☐ Mastoids

LOWER EXTREMITIES XR

L R Hip
L R Femur
L R Knee
L R Tib & Fib
L R Ankle
L R Foot
L R Calcaneus
L R Toes
N° 1 2 3 4 5
L R Soft Tissue (lower extremity)

CHEST XR

☐ Chest (PA & Lat)
B L R Ribs
☐ Sternum
☐ S.C. Joints

ABDOMEN XR

☐ 3 Views
☐ Single view (KUB)

Other tests

☐ ____________

BARIUM STUDIES *(By Appt. Only)*

☐ Upper G.I.
☐ Barium Swallow***

ULTRASOUND *(By Appt. Only)*

PELVIC U/S

☐ Abdomen & Pelvis
☐ Pelvis + TV complete (includes transvaginal unless contraindicated)
☐ Pelvis complete (unless contraindicated)
☐ Pelvis Limited
 ☐ Bladder
 ☐ Prostate Transabdominal
 ☐ Prostate Transrectal
☐ Transvaginal
☐ Renal + Bladder
☐ PVR- Post Void Residual
☐ Testes/Scrotum

PREGNANCY U/S

☐ OB Dating (< 16 wks)
☐ OB Routine (18-20 wks)
☐ OB Routine (> 20 wks)***
☐ IPS/EFTS (NT) (11-13 wks, 6 days)***
☐ OB High Risk***
☐ Biophysical Profile (>30 wks)***
☐ Fetal Position***

ABDOMEN U/S

☐ Abdomen Complete
☐ Abdomen Limited
 ☐ Liver
 ☐ Pancreas
 ☐ Spleen
 ☐ Abdominal aorta
 ☐ Appendix
 ☐ G.B. & Biliary system
 ☐ Kidneys
☐ Abdominal wall
☐ Inguinal Canal/ Hernia
☐ Groin

CHEST U/S

☐ Wall Mass
☐ Pleural E.
☐ Aorta

NECK U/S

☐ Neck & Face
☐ Thyroid
☐ Glands

MUSCULOSKELETAL U/S

L R Hip
L R Hamstring
L R Knee
L R Achilles Tendon
L R Ankle
L R Foot
L R Shoulder
L R Elbow
L R Wrist
L R Other

Tech.____________

CLINICAL INFORMATION

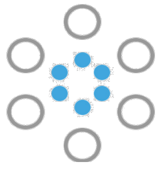
☐ STAT

MD: ______________________________________

Name Signature Billing#

By signing this, the physician confirms that they have educated the patient and it is totally the patient's responsibility to make sure they follow up with a physician for the results to the above tests.

This requisition form can be taken to any licensed facility providing diagnostic imaging services including hospitals and IHFs.



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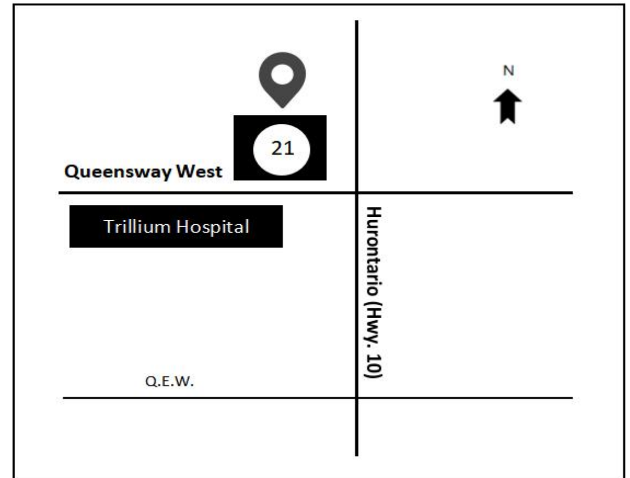
"X-Rays when you need them"



Address

Suite 107-21 Queensway West
Mississauga, ON
L5B 1B6

INSTRUCTIONS

MAMMOGRAPHY

- Do **NOT** wear any deodorant, body powder or perfume on the day of the exam
- Wear a two piece outfit
- Remove all jewellery above the waist
- To reduce breast tenderness you may choose to reduce caffeine intake 1-2 weeks before the appointment

ABDOMEN ULTRASOUND

- Nothing to eat or drink for eight (8) Hours before the appointment

PELVIC OR OBSTRETICAL ULTRASOUND

- Starting three (3) hours before the test, drink five (5) large glasses of water (35-40oz.) to be finished one (1) hour before the test
- Do **NOT** empty your bladder (i.e. Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again)

ABDOMEN AND PELVIC ULTRASOUND

- Nothing to eat for eight (8) hours before the appointment
- Please finish drinking five (5) large glasses of water one (1) hour before the appointment
- Do **NOT** empty your bladder (i.e. Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again)

TRANSRECTAL PROSTATE ULTRASOUND

- Self-administer a Fleet Enema two (2) hours before the appointment
- You can purchase the Fleet Enema from any pharmacy
- Then drink five (5) large glasses of water and finish them at least one (1) hour before the appointment
- Do **NOT** empty your bladder (i.e Do **NOT** pee; if you pee, you must start drinking five (5) glasses of water again.