

• FREE PARKING • FEMALE TECHNOLOGISTS AVAILABLE • OPEN EVERYDAY

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

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

Appointment Date & Time	X-RAY (No Appt. Required)	ULTRASOUND (By Appt. Only)
Day _____	<p>SPINE & PELVIS</p> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbo-Sacral Spine <input type="checkbox"/> L/S Spine, Pelvis & S.I. Joints <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> S.I. Joints <input type="checkbox"/> AP Pelvis <input type="checkbox"/> Pelvis & Hips <input type="checkbox"/> Pelvis & L Hip <input type="checkbox"/> Pelvis & R Hip <input type="checkbox"/> Pelvis & S.I. Jts.	<p>ABDOMEN</p> <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdominal Wall <input type="checkbox"/> Aorta <input type="checkbox"/> Inguinal Canal/ Hernia <input type="checkbox"/> Renal + Bladder <input type="checkbox"/> PVR- Post Void Residual <input type="checkbox"/> Prostate-Transabdominal <input type="checkbox"/> Prostate-Transrectal <input type="checkbox"/> Testicular / Scrotum
Date _____		

Time _____

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

● I am able to come on short notice.

YES NO

● I consent to appt. being disclosed in a telephone message.

YES NO

● I DECLARE THAT I AM NOT CURRENTLY PREGNANT.

Signature: _____

BONE DENSITY

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

BARIUM STUDIES (By Appt. Only)

 Barium Swallow
 Upper G.I.
 Upper G.I. + Small Bowel
 Barium Enema Air Contrast

CLINICAL INFORMATION

 CD STAT

MD: _____

Name	Signature	Billing #
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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 their result

Tech. _____

 Email
ask@xray365.ca

 Text
647-371-0365

 Call
905-897-6970

 Fax
905-897-9704



- X-RAY
- GENERAL ULTRASOUND
- (BMD) BONE MINERAL DENSITY
- CARDIAC ECHO
- BARIUM STUDIES

INSTRUCTIONS

● ABDOMEN ULTRASOUND

- Nothing to eat for eight (8) hours before appointment

● PELVIC OR OBSTETRICAL ULTRASOUND

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

● BARIUM STUDIES: UPPER G.I. (STOMACH X- RAY OR COLON X-RAY)

- Nothing to eat or drink after midnight the evening prior to the examination
- NOTE: For afternoon appointments; Light breakfast (Not later than 8 A.M.); "Toast or Coffee/ Tea"
NO MILK

● BARIUM STUDIES: BARIUM ENEMA (COLON)

- The day prior to the examination:
 - Clear Fluids only... no solid foods
 - Take the laxative (Pico- Salax)- available at pharmacy on location... Follow instructions on package
 - Nothing to eat or drink after midnight

● TRANS-RECTAL

- Get instructions from the receptionist

21 Queensway West
Mississauga, ON
L5B 1B6

