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

• FREE PARKING • FEMALE TECHNOLOGISTS AVAILABLE • OPEN EVERYDAY

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.

HEAD & NECK XR

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

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)

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)
- ☐ 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

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

PREGNANCY

- ☐ 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

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

CHEST U/S

- ☐ Wall Mass
- ☐ Pleural E.
- ☐ Aorta

NECK U/S

- ☐ Neck & Face
- ☐ Thyroid
- ☐ Glands

MUSCULOSKELETAL

- ☐ ☐ Hip
- ☐ ☐ Hamstring
- ☐ ☐ Knee
- ☐ ☐ Achilles Tendon
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Shoulder
- ☐ ☐ Elbow
- ☐ ☐ Wrist
- ☐ ☐ 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.