RG RICHMOND GARDENS
X-RAY & ULTRASOUND

ontario breast screening program
a cancer care ontario program

Mon-Fri 8am-6pm, Sat 8am-3pm

FEMALE TECHNOLOGISTS AVAILABLE

1735 Kipling Ave., Suite 202, Etobicoke, ON M9R 2Y8 Tel: 416-241-9137 Fax: 416-241-9138

Name	D.O.B	Sex M F	Health No. & V. C.

Address & Tel No:

Appointment Date and Time

☐ **CD** ☐ **STAT**

X-RAY *(NO APPOINTMENT REQUIRED)*

ABDOMEN
- ☐ Single view (KUB)
- ☐ Acute (includes PA&Chest)

HEAD&NECK
- ☐ Skull
- ☐ Sinuses
- ☐ Soft Tissue of Neck
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M.Joints
- ☐ Orbits R L

CHEST
- ☐ Chest (PA&LAT)
- ☐ Ribs R L B (includes PA&Chest)
- ☐ Sternum
- ☐ S.C.Joints

UPPER EXTREMITIES
- R L Shoulder
- R L Clavicle
- R L A.C.Joints
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphold
- R L Hand
- R L Finger
- R L No 1 2 3 4 5

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Metabolic Series

LOWER EXTREMITIES
- R L Hip
- R L Femur
- R L Knee
- R L Tib&Fib
- R L Ankle
- R L Foot
- R L Heel
- R L Toes-No 1 2 3 4 5

SPINE&PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ L/S Spine & Pelvis
- ☐ Pelvis
- ☐ Sacrum&Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis&Hip R L B

BMD
- ☐ FIRST FOLLOWUP - 3 YEARS
- ☐ BASELINE
- ☐ LOW RISK - 5 YEARS
- ☐ HIGH RISK - 1 YEAR

BREAST IMAGING
- ☐ MAMMOGRAM
- ☐ BREAST ULTRASOUND R L

CLINICAL INFORMATION REQUIRED:

Doctor Signature:_____

cc:_____

DR'S OFFICE STAMP

ULTRASOUND

GENERAL
- ☐ Abdomen
- ☐ Female Pelvis (TA+TV)
- ☐ Female Pelvis (TA only)
- ☐ Male Pelvis
- ☐ Transrectal
- ☐ Kidneys
- ☐ Bladder PVR

SMALL PART
- R L Groin
- ☐ Testes / Scrotum
- ☐ Thyroid Gland
- R L Sub Mandibular Gland
- R L Parotid Gland
- R L Other Soft Tissue / Lump
- ☐ Neck

OBSTETRICAL
- ☐ Obsterical-Dating
- ☐ Nuchal Translucency-IPS
- ☐ Obstetrical
- ☐ OBS High Risk
- ☐ Obstetrical+ Biophysical Profile

MUSCULOSKELETAL
- R L Hip
- R L Hamstring
- R L Knee
- R L Achilles Tendon
- R L Ankle
- R L Foot
- R L Shoulder
- R L Elbow
- R L Wrist
- R L Hand
- R L Other Muscle Area

PREGANCY RELEASE FORM

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT I AM NOT PRESENTLY PREGNANT

Patient Signature _____

Last Patient Registration Half an Hour Before Closing

PLEASE BRING YOUR HEALTH CARD &THIS REQUEST FORM