HITEK MEDICAL IMAGING

New Locations

1 4800 Leslie Street, Lower Level
Toronto ON, M2J 2K9
Phone: 416.493.1011 Fax: 416.493.1019

2 4789 Yonge Street, Suite 210
Toronto ON, M2N 0G3
Phone: 647.346.9002 Fax: 647.346.9003

3 6464 Yonge Street, Unit 101A
Toronto ON, M2M 3X4
Phone: 416.222.6989 Fax: 416.222.4278

Canadian Association of Radiologists | ontario breast screening program | CPSO OHP Level II

粤语服务 普通话服务 한국어 서비스 خدمات به زبان فارسی

PATIENT INFORMATION

First Name _____ Last Name _____ M | F Sex

OHIP ____-____-____ Version ____ Date of Birth MM / DD / YYYY Phone Number ( ) -

APPOINTMENT TIME

Please arrive 15 minutes early to register

Date: MM / DD / YYYY

Time:

X-RAY (Walk-in)

ABDOMEN
- ☐ Plain Film (KUB)
- ☐ Acute (3 Views)

HEAD
- ☐ Skull
- ☐ Sinuses
- ☐ Adenoids/Soft Tissue Neck
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible
- ☐ TM Joints
- ☐ Orbits (pre MRI)

CHEST
- ☐ Chest PA & Lateral
- ☐ Ribs & PA Chest R L
- ☐ Sternum

☐ Other:

SPINE AND PELVIS
- ☐ Cervical Spine
- ☐ Thoracic/Dorsal Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum and Coccyx
- ☐ SI Joints
- ☐ Pelvis
- ☐ Scoliosis Series

LOWER EXTREMITIES
- R L Hip
- R L Femur
- R L Knees
- R L Tibia and Fibula
- R L Ankle
- R L Foot
- R L Heel
- R L Toe 1 2 3 4 5

UPPER EXTREMITIES
- R L Shoulder
- R L Clavicle
- ☐ AC Joints
- R L Scapula
- R L Humerus
- R L Elbow
- R L Forearm
- R L Wrist
- R L Scaphoid
- R L Hand
- R L Digit 1 2 3 4 5

SKELETAL SURVEY
- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Bone Age

ULTRASOUND (By Appointment)

GENERAL
- ☐ Abdomen
- ☐ Abdominal Wall
- ☐ Kidney & Bladder
- ☐ Groin R L
- ☐ Female Pelvis (inc. Transvaginal)
  - ☐ no Transvaginal
- ☐ Male Pelvis
  - ☐ with Kidneys
  - ☐ with Transrectal Prostate
- ☐ Scrotum/Testes

THYROID AND NECK
- ☐ Thyroid
- ☐ Neck (inc. Parotid/Submandibular)

OBSTETRIC
- ☐ Dating (6-10 weeks)
- ☐ NT/IPS (11-14 weeks)
- ☐ Anatomy (18-20 weeks)
- ☐ BPP (26 weeks +)

MUSCULOSKELETAL
- R L Shoulder
- R L Arm
- R L Elbow
- R L Forearm
- R L Wrist
- R L Hand
- R L Finger 1 2 3 4 5
- R L Plantar Fascia
- R L Hip
- R L Buttock
- R L Thigh
- R L Hamstring
- R L Knee
- R L Calf
- R L Ankle
- R L Foot
- R L Achilles
- R L Toe 1 2 3 4 5

☐ Other:

INTERVENTIONAL PAIN & BIOPSY* (By Appointment)

- ☐ Pain Consultation
- ☐ Facet Injection ☐ Joint Injection ☐ SI Joint Injection ☐ Thyroid FNA
- ☐ Epidural Injection

Please indicate site/location below and attach applicable records/reports.

CARDIAC AND VASCULAR (By Appointment)

- R L Arterial Doppler ARM LEG
- R L Venous Doppler ARM LEG
- ☐ Carotid Doppler
- ☐ Echocardiogram

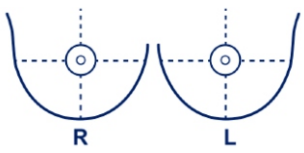
BONE MINERAL DENSITY (By Appointment)

☐ First BMD ☐ Screening ☐ High Risk

Date of last BMD: MM / DD / YYYY

BREAST IMAGING (By Appointment)

- R L Ultrasound (inc. Axilla)
- R L Mammogram
- ☐ OBSP Mammogram
- ☐ Implants



Please indicate lump, pain or discharge location

CLINICAL INFORMATION

☐ STAT

24 hours cancellation notice required, or a $50 fee will be charged

PHYSICIAN INFORMATION

Name: _____ Date: MM / DD / YYYY

Signature Provider Number

Copy:

OFFICE USE ONLY

Sign to indicate no possibility of pregnancy

Signature _____ Date MM / DD / YYYY

TECH INITIALS

*Only at Leslie Street location

PLEASE BRING HEALTH CARD AND REQUISITION FORM

See reverse for preparation instructions

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Phone: 416.222.6989 Fax: 416.222.4278

4800 Leslie - Free Parking

4789 Yonge

6464 Yonge - Free Parking

PREPARATION INSTRUCTIONS

ABDOMEN
Nothing to eat or drink 8 hours prior to appointment.

PELVIS/OBSTETRICS
Drink 1 litre of water one hour prior to appointment.
DO NOT void bladder.

ABDOMEN AND PELVIS TOGETHER
Nothing to eat or drink 8 hours prior to appointment. Drink 1 litre of water one hour prior to appointment. **DO NOT** void bladder.

MAMMOGRAM
Remove all deodorant, powder, and perfume prior to appointment. Avoid caffeine to reduce breast tenderness. Please bring previous mammogram for comparison.

BONE MINERAL DENSITY
Do not take calcium supplements 24 hours prior to appointment.

No preparation required for other studies

检查前的准备

腹部
检查前八小时不可进食和喝水。

骨盆 / 妇科 · 产科
检查前一小时喝 1 公升水，喝后不可小便。

腹部和骨盆 / 妇科一起
检查前八小时不可进食和喝水。检查前一小时喝 1 公升水，喝后不可小便。

乳房x光检查
检查前不要使用除汗剂，各种粉剂或香水。避免咖啡因的摄入。如果以前做过此类检查,请带来以前的X光片。

骨密度检查
检查前24小时不可服用钙片。

其它检查不需要做任何准备

준비사항

복부 초음파
예약시간전 8 시간전부터 금식하십시요, 물도 포함입니다.

임신 초음파
예약시간 1 시간전에 1 리터의 물을 드십시요. 소변을 보지 마십시요.

복부 및 골반 초음파
예약시간 8 시간전부터 금식하십시요, 물도 포함입니다. 하지만 예약시간 1 시간전부터는 1 리터의 물만 드십시요. 소변을 보지 마십시요.

유방 검사 (마모그램)
향수나 땀 제거제, 파우더 등은 바르지 마십시요. 카페인을 드시지 마십시요. 이전에 유방암 검사를 하신경우 전에 했던 검사 결과를 가져 오십시요.

골밀도 검사
예약시간 24 시간 전부터 칼슘 보충제를 복용하지 마십시오

다른 테스트는 준비사항이 없습니다

دستورالعمل آمادگی آزما یش

سونوگرافی شکم
8 ساعت قبل از آزمایش از خوردن وآشامیدن خودداری فرمایید.

سونوگرافی لگن / بارداری
یک ساعت قبل از آزمایش لازم است یک لیترآب (لیوان سرپر) نوشیده شود- از رفتن به دستشویی خودداری فرمایید.

سونوگرافی شکم و لگن
8 ساعت قبل از آزمایش از خوردن وآشامیدن خودداری فرمایید. یک ساعت قبل از آزمایش. لازم است یک لیترآب (5 لیوان سرپر) نوشیده شود-از رفتن به دستشویی خودداری فرمایید.

ماموگرافی
از استفاده هر نوع دئودورانت، پودر وعطر قبل از آزمایش خودداری فرمایید برای کاهش حساسیت پستان از مصرف کافئین خودداری فرمایید.

سایر آزمایشها نیاز به آمادگی خاصی ندارد

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