



Erin Diagnostic Imaging

2 Thompson Crescent Unit. 3

Erin, ON N0B 1T0

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PATIENT INFORMATION

Last Name : _____ First Name : _____ Sex : M F

Tel : _____ Address : _____ Date : _____

Health Card Number	Version	Date of Birth
_____	_____	YY MM DD

REQUEST FOR STAT CASE

Verbal/Tel : _____ Fax : _____ WSIB

CLINICAL INFORMATION

Date LMP : _____

ULTRASOUND By Appointment Only

GENERAL

- Abdomen
- Limited Abdomen
- Abdomen / Male Pelvis
- Abdomen / Female Pelvis
- Female Pelvis / Transvaginal
- Female Pelvis transabdominal
- Transvaginal
- Male Pelvis
- Prostate -Transrectal
- KUB (only Kidneys & Bladder)

OBSTETRICAL

- Early OBS / Dating (<16 wks)
- IPS / NT (11-13 wks)
- Anatomical Scan (18-20 wks)
- 2ND / 3RD Trimester
- High Risk Pregnancy
- Biophysical Profile (BPP)

SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Hernia - Side _____
- Soft Tissue / Lump
- Others _____

VASCULAR

- Carotid Doppler
- Upper Limb Arterial Dop
- Lower Limb Arterial Dop
- Lower Limb Venous Dop

MUSCULOSKELETAL

- Shoulder
- Arm
- Elbow
- Forearm
- Wrist & Hands
- Hip joint
- Lumbar sacral
- Cervical Region
- Thoracic Region
- Thigh
- Knee Popliteal Fossa
- Calf
- Foot Ankle
- Achilles Tendon
- Plantar Fascia
- Gluteal Region

MAMMOGRAPHY & BREAST IMAGING

(By Appointment only)

- Mammography R L Both
- Breast Ultrasound R L Both
- Previous Scan Yes No
- Date : _____ Location : _____

BONE DENSITY

(By Appointment)

- 1st Baseline BMD
- Low Risk (2nd test - 36 months)
- Low Risk (3rd test - 60 months)
- High Risk (once every 12 months)
- Previous Scan Yes No
- Date : _____ Location : _____

CARDIAC SERVICES

(By Appointment)

- Echocardiography 48 hr. Holter Loop Event

X-RAY Before ordering X-Rays, make sure female patients are not pregnant.

CHEST

- Chest P.A.
- P.A. & Lateral
- Ribs R L
- Sternum

HEAD & NECK

- Skull
- Sella Turcica
- Facial Bones
- Nose
- Mandible
- TM Joints
- Sinuses
- Mastoids
- Neck, Soft Tissue
- Pre MRI Orbits

ABDOMEN

- Single View
- Two or More Views

SPINE AND PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-Iliac Joints
- Other _____

UPPER EXTREMITIES

- Clavicle R L
- A-C Joints R L
- S-C Joints R L
- Shoulder R L
- Scapula R L
- Humerus R L
- Elbow R L
- Forearm R L
- Wrist R L
- Scaphoid R L
- Hand R L
- Wrist & Hand R L
- Finger 1 2 3 4 5 R L



LOWER EXTREMITIES

- Hip R L
- Femur R L
- Knee R L
- Tibia & Fibula R L
- Ankle R L
- Calcaneus R L
- Foot R L
- Toe 1 2 3 4 5 R L



PREGNANCY RELEASE FORMS

I declare, to the best of my knowledge that I'm not presently pregnant.

Signature _____

Referring Physician : _____ CC : _____

APPOINTMENT

Date : _____ Time : _____

ULTRASOUND PREPARATION

- PREGNANCY OR PELVIS** (Transvaginal and Transabdominal)
- Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

You must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom! Eat as usual.**

- Please note : If 5 months pregnant, or more, 16 ounces (1/2 Litre) of fluids should be adequate.

- UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

- Please Note : A small amount of water is allowed if thirsty or with medication.

- UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION.

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

- MAMMOGRAM**

- No deodorant, powder or perfume.
- Please wear two piece outfit.

PLEASE BRING ANY PREVIOUS MAMMO FILMS TO YOUR APPOINTMENT FOR COMPARISON PURPOSES

BONE DENSITY

Please wear two piece outfit with no metal or zippers.

NO PREPARATION NECESSARY

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.**

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