

SARNIA DIAGNOSTIC IMAGING

APPOINTMENT

Date: _____ Time: _____

ULTRASOUND PREPARATION INSTRUCTIONS

ABDOMINAL

- Nothing to eat or drink after 11 pm. prior to a morning exam
- A light breakfast may be eaten (No Dairy Products) prior to an afternoon exam

PELVIC, OBSTETRICAL OR PROSTATE

- Finish drinking 5 glasses (40 oz) of water 1 hour before the examination.
- **DO NOT VOID.** A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

ABDOMINAL / PELVIC COMBINED

- Nothing to eat or drink after 11 pm. prior to a morning exam
- A light breakfast may be eaten (No Dairy Products) prior to an afternoon exam
- Finish drinking 5 glasses (40 oz) of water 1 hour before the examination.
- **DO NOT VOID.** A full bladder is necessary for the examination.

BREAST

- No preparation needed.

SCROTUM

- No preparation needed.

THYROID

- No preparation needed.

MUSCULOSKELETAL

- No preparation needed.

PROSTATE WITH TRANSRECTAL

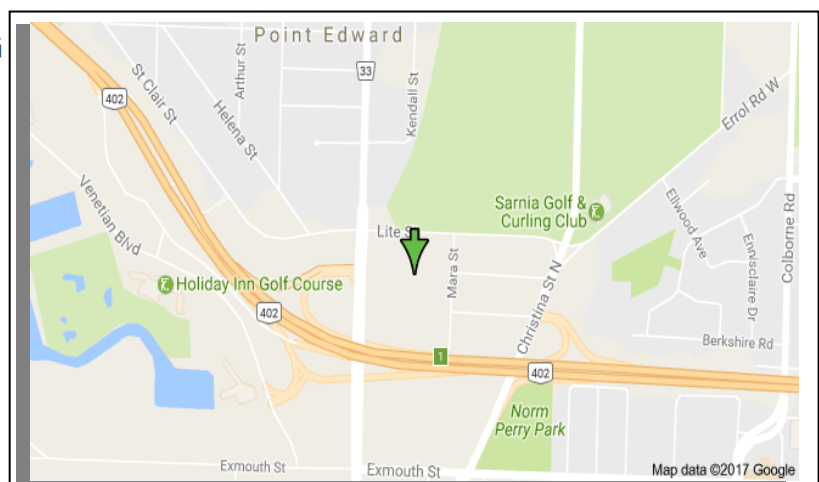
- Take mild laxative the evening before. (IF PROSTATE ONLY – OMIT LAXATIVE). Finish drinking 32 oz/1 litre or 4 large glasses of water 1 hour before appointment. **DO NOT VOID.** A full bladder is necessary.

**24 Hour Reporting
1 Hour Stat
FREE PARKING**

SARNIA DIAGNOSTIC IMAGING

Unit 102, 704 Mara St.
Point Edward, Ontario
N7V 1X4

Phone: (519) 491-8377
Fax: (519) 491-2677



PATIENT INFORMATION

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

Phone: _____ Health Card: _____ VC: _____ D.O.B: _____

REQUEST FOR STAT CASE

Verbal / Tel: _____ Fax: _____ CC: _____

CLINICAL INFORMATION

ULTRASOUND – BY APPOINTMENT ONLY

GENERAL

- Abdomen
- Abdomen Limited
- Pelvis
- Pelvis Limited
- Kidneys & Bladder
- Transvaginal
- Transrectal
- Doppler
- Other

OBSTETRICAL

- Below 16 Weeks
- Above 16 weeks
- Above 30 weeks
- High Risk
- Umbilical Doppler
- Biophysical Profile
- Other

SMALL PARTS

- Thyroid
- Sub Mandibular Glands
- Parotid Glands
- Testes / Scrotum
- Groin
- Penile
- Soft Tissue/Lump
- Breast/Axilla

MUSCULOSKELETAL

(cont'd)

R L

- Hip Joint/Greater Trochanter
- Lumbar Sacral/ Gluteal Region
- Hamstring/Thigh
- Cervical Region
- Thoracic Region
- Knee/Pop Fossa
- Calf
- Foot/Ankle
- Achilles Tendon/ Plantar Fascia
- Other Muscle Area

VASCULAR

- Carotid Doppler
- Lower Limb Arterial
- Lower Limb Venous (Deep Vein)
- Upper Limb Arterial
- Upper Limb Venous
- Doppler (Aorta, Renal Artery)
- Other

MUSCULOSKELETAL

R L

- Shoulder/AC Joint
- Neck/Periscap
- Arm
- Elbow
- Forearm
- Wrist & Hands

OTHER

- Mammography
- Echocardiography
- 24 hr Holter Monitor
- 48 hr Holter Monitor

X-RAY – NO APPOINTMENT

ABDOMEN

- KUB
- Acute (3 views)

HEAD & NECK

- Neck for soft tissues
- Skull
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints
- Sinuses
- Orbits – Pre MRI
- Orbits for FB

SPINE

- Cervical (5 + Obliques)
- Cervical (2-3 views)
- Thoracic Spine/Swimmers
- Lumbar (2-3 views)
- Lumbar (5 + Obliques)
- Sacrum/Coccyx
- Sacro Iliac (S.I.) Joints

CHEST

- Chest PA & LAT
- Ribs: R L Bilateral
- Sternoclavicular Joints
- Sternum

UPPER EXTREMITIES

R L

- Clavicle
- AC Joints Bilateral
- Shoulder
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Hand & Wrist
- Scaphoid
- Finger Digit 1 2 3 4 5

LOWER EXTREMITIES

R L

- Hip & Pelvis
- Pelvis
- Femur
- Knee
- Knee/Patella
- Tibia & Fibula
- Ankle
- Foot
- Calcaneous
- Toe 1 2 3 4 5
- Other View

TECH NOTES

Referring Physician Name: _____ Signature: _____

ALL CANCELLATIONS MUST BE MADE 24 HOURS IN ADVANCE – PLEASE BRING YOUR HEALTH CARD