



**GEORGIAN**  
**RADIOLOGY**  
CONSULTANTS

[www.georgianradiology.com](http://www.georgianradiology.com)

- |   |              |
|---|--------------|
| <input type="checkbox"/> Barrie - 121 Wellington St W., Suite 115 | 705-726-4531 |
| <input type="checkbox"/> Barrie - 11 Lakeside Terrace, Suite LL01 | 705-722-8036 |
| <input type="checkbox"/> Barrie - 480 Huronia Rd., Suite 101      | 705-739-1028 |
| <input type="checkbox"/> Wasaga - 14 Ramblewood Dr. Suite 105     | 705-422-2255 |
| <input type="checkbox"/> Collingwood - 28 Huron Street, 4th Floor | 705-444-9280 |

**BOOKING PHONE# : 705- 726 - 7442**

**BOOKING FAX# : 705- 726 - 8056**

G. Loughheed, MD, P. Voorheis, MD, T.G. Paul, MD, J. Nadeau, MD, R. Mason, MD, H.S. Good, MD, C. Morrison, MD, C. Guest, MD, D. Schemmer, MD, M. Baerlocher, MD, R. Grover, MD, N. Loughheed, MD

**PATIENT CLINICAL HISTORY:**

Clinical Hx must be filled out

Previous Imaging? Location & Date? \_\_\_\_\_

**PATIENT Appointment :**

Date: D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_

Time: \_\_\_\_\_ am / pm

**X - RAY Walk-in only**

**Chest:**

- ☐ PA / Lateral  
☐ Ribs ☐ L ☐ R  
☐ Sternum  
☐ S C joints

**Abdomen:**

- ☐ KUB / Single  
☐ Acute (3 views)

**Head and Neck:**

- ☐ Skull  
☐ Sinuses  
☐ Facial Bones  
☐ Orbits - trauma  
☐ Orbits - Pre MRI  
☐ Nose  
☐ Mandible  
☐ TMJs  
☐ Adenoids / Soft tissue

**Spine:**

- ☐ Cervical - Osteoarthritis  
☐ Cervical w Flex/Ext - Trauma  
☐ Thoracic  
☐ Lumbosacral  
☐ Sacrum / Coccyx  
☐ SI joints

**Upper Extremity:**

- ☐ Bilat AC joints  
☐ L ☐ R Clavicle  
☐ L ☐ R Shoulder  
☐ L ☐ R Scapula  
☐ L ☐ R Humerus  
☐ L ☐ R Elbow  
☐ L ☐ R Forearm  
☐ L ☐ R Wrist  
☐ L ☐ R Scaphoid  
☐ L ☐ R Hand  
☐ L ☐ R Fingers T 2 3 4 5

**Lower Extremity**

- ☐ Pelvis  
☐ L ☐ R Hip and Pelvis  
☐ L ☐ R Knee  
☐ L ☐ R Knee Skyline/Standing  
☐ L ☐ R Tibia/Fibula  
☐ L ☐ R Ankle  
☐ L ☐ R Foot  
☐ L ☐ R Os Calcis/Heel  
☐ L ☐ R Toes 1 2 3 4 5

**Other:**

- ☐ Bone Age  
☐ Skeletal Survey work-up  
☐ Arthritic work-up  
☐ Metastatic work-up

**ULTRASOUND Booked appt only**

- |  |   |
|--|---|
| <input type="checkbox"/> Full Abdomen              | <input type="checkbox"/> Hernia - Abdo Wall |
| <input type="checkbox"/> Abdomen+Doppler MPV       | <input type="checkbox"/> Hernia - Umbilical |
| <input type="checkbox"/> Kidneys                   | <input type="checkbox"/> Hernia - Inguinal  |
| <input type="checkbox"/> Bladder (pre & post void) | <input type="checkbox"/> Scrotal/Testicular |
| <input type="checkbox"/> Pelvis+TV                 | <input type="checkbox"/> Thyroid            |
| <input type="checkbox"/> Pelvis (without TV)       | <input type="checkbox"/> Neck               |
| <input type="checkbox"/> Small part: _____         |   |
| <input type="checkbox"/> Other: _____              |   |

- |  |  |
|--|--|
| <input type="checkbox"/> Early Dating      | <input type="checkbox"/> BPP/Doppler       |
| <input type="checkbox"/> IPS(11w-13w6days) | <input type="checkbox"/> Recheck / limited |
| <input type="checkbox"/> Routine           | <input type="checkbox"/> Multi-gestation   |

Date LMP: Day \_\_\_\_\_ Mon \_\_\_\_\_ Yr \_\_\_\_\_

- Vascular: ☐ Venous ☐ L ☐ R Leg ☐ L ☐ R Arm  
☐ Arterial ☐ L ☐ R Leg  
☐ Carotids  
☐ Renals Arterial

**Musculoskeletal:**

- |   |  |
|---|--|
| <input type="checkbox"/> L <input type="checkbox"/> R Hip       | <input type="checkbox"/> L <input type="checkbox"/> R Shoulder         |
| <input type="checkbox"/> L <input type="checkbox"/> R Hamstring | <input type="checkbox"/> L <input type="checkbox"/> R Elbow            |
| <input type="checkbox"/> L <input type="checkbox"/> R Knee      | <input type="checkbox"/> L <input type="checkbox"/> R Wrist            |
| <input type="checkbox"/> L <input type="checkbox"/> R Ankle     | <input type="checkbox"/> L <input type="checkbox"/> R Digits 1 2 3 4 5 |
| <input type="checkbox"/> L <input type="checkbox"/> R Achilles  |  |

Other: \_\_\_\_\_

Breast Imaging: Breast Quadrant: \_\_\_\_\_  
☐ L ☐ R (<45yrs, focal, no Cancer Hx)

**BMD (DEXA) Booked appt only**

- Type: ☐ Baseline (1st ever in Ontario)  
☐ Follow up (3yrs after Baseline)  
☐ High Risk (Every 12 months)  
☐ New Risk --> High Risk --> Clinical why High Risk? \_\_\_\_\_

Date Last Exam ☐ 3 yrs ago ☐ 5 yrs ago  
☐ When ( Day \_\_\_\_\_ Mon \_\_\_\_\_ Yr \_\_\_\_\_)

Location Last Exam \_\_\_\_\_

**PLEASE ATTACH PREVIOUS REPORT**

**OAR / CAR / ISCD approved**

**PATIENT INFORMATION:**

DATE: D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_ M / F DOB: D\_\_\_\_\_ M\_\_\_\_\_ Y\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home P#: \_\_\_\_\_ Cell P#: \_\_\_\_\_

Province: \_\_\_\_\_ OHIP# / WCB#: \_\_\_\_\_

**TECH NOTES:**

☐ NCP

**Practitioner SIGNATURE:**

\_\_\_\_\_ : Signature

\_\_\_\_\_ : Printed Name

\_\_\_\_\_ : CC Copy

**Please bring this form & health card to your examination to avoid delay or cancellation**

**\*\* For Bookings Please call 705-726-7442 and have your health card available\*\***

### **LOCATIONS & SERVICES AVAILABLE**

121 Wellington St. W. Suite 115 Barrie, ON L4N 1L2 Ph 705.726.4531 Fx 705.739.0810  <b>-Ultrasound</b> <b>-X-Ray</b> (no appointment req.)	11 Lakeside Terrace Suite LL01 Barrie, ON L4M 0H9 Ph 705.722.8036 Fx 705.726.1166  <b>-Ultrasound</b> <b>-Bone Density</b> <b>-X-Ray</b> (no appointment req.)	480 Huronia Rd. Suite 101 Barrie, ON L4N 6M2 Ph 705.739.1028 Fx 705.739.0592  <b>-Ultrasound</b> <b>-X-Ray</b> (no appointment req.)	14 Ramblewood Drive Unit 105 Wasaga Beach, ON L9Z 0C4 Ph 705.422.2255 Fx 705.422.2253  <b>-Ultrasound</b> <b>-Bone Density</b> <b>-X-Ray</b> (no appointment req.)	28 Huron Street 4th Floor Collingwood, ON L9Y 1C4 Ph 705.444.9280 Fx 705.444.9150  <b>-Ultrasound</b> <b>-X-Ray</b> (no appointment req.)
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### **ULTRASOUND - PATIENT PREPARATION**

#### **1. ☐ OBSTETRICAL / PELVIC / BLADDER EXAMINATIONS**

A **full** bladder is required for this examination.

**Finish** drinking **1 litre** of non-carbonated, clear fluid (water, black tea/coffee, juice - no dairy) **1 hour before** your appointment time.

**Do not empty your bladder** until the examination is finished.

Failure to **completely finish** drinking the required amount of fluid **a full hour prior** to your appointment time can reduce the accuracy and image quality of your examination.

#### **2. ☐ UPPER ABDOMEN ULTRASOUND**

**DO NOT** eat or drink for 8 hours prior to your appointment.

**NO CARBONATED BEVERAGES OR GUM** 8 hours prior to the examination.

Medications may be taken with a sip of water.

#### **3. ☐ ABDOMINAL + PELVIC/BLADDER**

Do not eat or drink 8 hours prior to your appointment but **finish** drinking **1 litre** of non-carbonated, clear fluid (water, black tea/coffee, juice - no dairy) **1 hour before** your appointment time.

**Do not empty your bladder** until the examination is finished.

Failure to **completely finish** drinking the required amount of fluid **a full hour prior** to your appointment time can reduce the accuracy and image quality of your examination.

#### **4. ☐ CHILDREN - Please call the office for preparation advice.**

#### **5. ☐ CARDIOVASCULAR - Please call the office for preparation advice.**

You **MUST arrive 10 minutes** prior to your appointment to complete registration.

If you are late, another appointment may have to be arranged.

### **BONE DENSITY - PATIENT PREPARATION**

If you have had a NUCLEAR MEDICINE or BARIUM test in the past 2 weeks, please reschedule your appointment by calling 726-7442. Dress in comfortable clothing and wear NO metal accessories: no belts, zippers, etc. This will eliminate the need to have you change into a gown and housecoat. This procedure is safe, painless and no injections are required. You will be positioned comfortably on your back. You will be required to keep as still as possible while the scan is being done. The procedure usually takes about 20 minutes. A technologist will be with you during your scan.

You **MUST arrive 10 minutes** prior to your appointment to complete registration.

If you are late, another appointment may have to be arranged.

**OHIP GUIDELINES:** OHIP covers routine screening 3 years after the first exam and then every 5 years thereafter. High risk individuals may be assessed annually.

This requisition form can be taken to any licenced facility providing healthcare services including hospitals and Independent Health Facilities.

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