

VITACORP DIAGNOSTIC X-RAY AND ULTRASOUND

Ont. Health Number	V.C.	Patient's Last Name (Please print or type)	Initials
Patient's First Name		Patient's Birth Date	Patient's Sex
		Day	Month
		Year	M F
Patient's Phone No.			
Patient's Address			

Vitacorp Diagnostic
 1243 Islington Ave., Suite 603 (at Bloor St. W.)
 Toronto, Ont. M8X 1Y9 Tel: (416) 762-3818

X-RAY

Abdomen

- Plain Film (K.U.B.)
- Acute (3 views)

Head & Neck

- Skull
- Sinuses
- Adenoids
- Soft Tissues of Neck
- Pit. fossa
- Mastoids
- Facial Bones
- Nasal Bones
- Orbits
- Mandible
- T.M. Joints

Chest

- Chest
- Chest Visa
- R L Ribs
- Sternum
- Sterno-Clavicular Joints
- Thoracic Inlet

Spine & Pelvis

- Cervical Spine
- Dorsal Spine
- Scoliosis Series
- lat. Spine for Osteoporosis
- Lumbo-Sacral Spine
- Sacrum
- Coccyx
- S.I. Joints
- Pelvis & Hips
- Pelvis

Skeletal Survey

- Metastatic Series
- Arthritic Series

Upper Extremities

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

Lower Extremities

- R L Hip
- R L Femur
- R L Knee
- R L Tib & Fib
- R L Ankle
- R L Foot
- R L Os Calcis
- R L Toes No. 1 2 3 4 5

Other Views _____

Clinical Information _____

Referred by _____ M.D.

ULTRASOUND

(By Appointment)

Thyroid

Breast (Mass) R L

Abdomen

- G.B. Liver
- Pancreas Spleen
- Kidneys Vessels
- Other _____

Pelvis

- Transabdominal
- Endovaginal
- Uterus IUD
- Adnexa R L
- Mass Pain
- Bleeding PID
- Urinary Bladder
- Other _____

Obstetrical

- Complete Fetal age
- Fetal Heart Ectopic
- Growth assessment
- Placental position
- Amniotic fluid
- Twins

Prostate Study

- (Includes)
- Transrectal
 - Transabdominal
 - Pre/post void bladder vol.
 - Assessment of urinary bladder dysfunction (uroflowmetry)

Kidneys/Prostate (Study) & Urinary Bladder

Testes/Scrotum

Doppler Vascular Studies

- (Including colour)
- Carotids
 - Peripheral arterial area of interest _____
 - Peripheral venous area of interest _____

Echocardiography (2D, Doppler & Colour)

Musculoskeletal:

- Shoulder
- Rotator Cuff
- Tendons
- Knee
- Baker's Cyst
- Popliteal Fossa
- Elbow
- Wrist
- Lump
- Other areas _____

FOR OFFICE USE ONLY

KVP MAS

P.A. _____

Lat _____

Shielding ()

KVP MAS

P.A. _____

Lat _____

Shielding ()

KVP MAS

P.A. _____

Lat _____

Shielding ()

KVP MAS

P.A. _____

Lat _____

Shielding ()

PREGNANCY RELEASE

I declare to the best of my knowledge, that I am **NOT** presently pregnant.

Signature: _____

LMP _____

PLEASE BRING YOUR HEALTH CARD

Appointment Date: _____

Time: _____



X-RAY: NO PREPARATION REQUIRED

ULTRASOUND PREPARATIONS:

ABDOMEN:

Nothing to eat or drink 10 hours prior to examination.

OBSTETRICAL OR PELVIS:

1 hour before appointment, finish drinking 1 liter (6-8 glasses) of water. **Do not void until examination is complete.**
A full bladder is required for the examination.

ABDOMEN & PELVIS:

Nothing to eat or drink 10 hours prior to examination however, 1 hour before appointment, finish drinking 1 liter (6-8 glasses) of water only.

Do not void as a full bladder is required for the pelvis examination.

PROSTATE STUDY:

Arrive with a full bladder. (Same instructions as for pelvis exam).

If with transrectal examination – Take a Dulcolax suppository 3 hours before appointment time. 30 minutes after taking the suppository you may go to the bathroom. (The follow instructions for pelvis exam).

THYROID

TESTES / SCROTUM

MUSCULOSKELETAL

BREAST

DOPPLER VASCULAR STUDIES

ECHOCARDIOGRAM

NO PREPARATION

