

# YONGE & BALMORAL DIAGNOSTIC IMAGING

## X-RAY & ULTRASOUND BALMORAL MEDICAL ARTS FACILITY

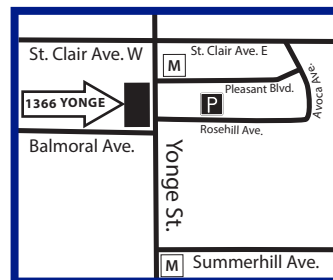
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[www.YongeBalmoralXRayUltrasound.ca](http://www.YongeBalmoralXRayUltrasound.ca)

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NAME \_\_\_\_\_

REASON FOR EXAM (or Check Box Below) \_\_\_\_\_

HEALTH CARD \_\_\_\_\_

PHONE \_\_\_\_\_ DOB \_\_\_\_\_

APPT. DATE \_\_\_\_\_ TIME \_\_\_\_\_

URGENT BOOKING: ☐ VERBAL: ☐

Dr. \_\_\_\_\_ Per \_\_\_\_\_

\*\*\* PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM \*\*\*

### X-RAY (WALK-IN)

### ULTRASOUND (WALK-IN)

#### ABDOMEN

☐ Plain Film (KUB)

☐ Acute (3 views)

#### CHEST

☐ Chest (PA/LAT)

☐ Ribs ☐ & Chest PA

☐ Sternum

☐ S.C. Joints

☐ Immigration (PA)

#### HEAD & NECK

☐ Skull

☐ Sinuses

☐ Adenoids

☐ Soft Tissue of Neck

☐ Mastoids

☐ Nasal Bones

☐ Facial Bones

☐ Mandible

☐ T.M. Joints

☐ ☐ Orbits

#### UPPER EXTREMITIES

☐ ☐ Shoulder

☐ ☐ Clavicle

☐ ☐ A.C. Joints

☐ ☐ Scapula

☐ ☐ Humerus

☐ ☐ Elbow

☐ ☐ Forearm

☐ ☐ Wrist

☐ ☐ Scaphoid

☐ ☐ Hand

☐ ☐ Digits

No. 1 2 3 4 5



#### SKELETAL SURVEY

☐ Metastatic Series

☐ Arthritic Series

#### LOWER EXTREMITIES

☐ ☐ Hip

☐ ☐ Femur

☐ ☐ Knee

☐ ☐ Tib & Fib

☐ ☐ Ankle

☐ ☐ Foot

☐ ☐ Os. Calcis

☐ ☐ Toes

No. 1 2 3 4 5

#### SPINE & PELVIS

☐ Cervical Spine

☐ Dorsal Spine

☐ Lumbo-Sacral Spine

☐ Scoliosis Series

☐ Sacrum & Coccyx

☐ S.I. Joints

☐ AP Pelvis

#### GENERAL

☐ Abdomen

☐ Pelvic

(includes transvaginal,  
unless contraindicated)

☐ Pelvic - Transabdominal

☐ Transrectal / Prostate

☐ Obstetrical < 16 wks

☐ Obstetrical > 16 wks

☐ Obstetrical (High-Risk)

☐ Nuchal Translucency

☐ Breast & Axilla ☐ ☐

☐ Testicular

☐ Thyroid

☐ Neck

☐ Inguinal

☐ Superficial Mass

☐ Other Soft Tissue

#### MUSCULOSKELETAL

☐ ☐ Shoulder / Neck Muscles

☐ ☐ Elbow

☐ ☐ Forearm Muscles

☐ ☐ Wrists

☐ ☐ Hands

☐ ☐ Carpal Tunnel

☐ ☐ Hip

☐ ☐ Hip Joint

☐ ☐ Thigh

☐ ☐ Hamstring

☐ ☐ Knee

☐ ☐ Calf

☐ ☐ Ankle

☐ ☐ Foot

☐ ☐ Achilles Tendons

☐ ☐ Plantar Fascia

☐ ☐ Other Musculoskeletal

### VASCULAR (BY APPOINTMENT)

#### ☐ ARTERIAL DUPLEX:

- ☐ Lower Extremities (Incl. Aorta, ABI)  
☐ Upper Extremities

#### ☐ CAROTID DUPLEX

#### ☐ VENOUS DUPLEX: (☐ DVT, ☐ Venous Insufficiency)

- ☐ Lower Extremities (Incl. iliac veins, IVC)  
☐ Upper Extremities

#### ☐ ABDOMINAL AORTIC ANEURYSM

### BONE MINERAL DENSITY (WALK-IN)

☐ Base Line

☐ Osteopenia (Annually)

☐ Osteoporosis (Annually)

☐ Routine Exam

☐ Other