KIS
KINGSTON IMAGING SERVICES

PLEASE ARRIVE 10 MINUTES EARLY FOR YOUR APPOINTMENT AND BRING YOUR HEALTH CARD AS WELL AS THIS FORM TO YOUR APPOINTMENT

Appointment Date: _____ **Time:** _____

Referring Physician: _____

PATIENT INFORMATION

Last Name: _____

First Name: _____

Address: _____

Phone : _____ **Email :** _____

Health Card# _____ **Version Code** _____

Date of Birth: _____ **Not Pregnant** _____

KINGSTON
797 Princess St. Unit 422
Kingston, ON K7L 1G1
Ph: 613-548-3364
Fax: 613-548-8663
email: kis.kingston@gmail.com
www.kingstonimagingservices.ca

LEGEND:
X-Ray [X], Ultrasound [U/S], Vascular Ultrasound [V] Mammography [M], BMD,Fluoros [F]
Please refer to the back for Maps of locations

CLINICAL HX

_____

_____

PHYSICIAN'S SIGNATURE: **DATE:** ☐ STAT ☐ PHONE ☐ FAX

ULTRASOUND (APPOINTMENT RECOMMENDED)

GENERAL

- ☐ ABDOMEN & PELVIS
- ☐ ABDOMEN
- ☐ MALE PELVIS
- FEMALE PELVIS
  - ☐ TRANSABDOMINAL
  - ☐ TRANSVAGINAL
- ☐ PROSTATE
- ☐ KIDNEY & BLADDER
- ☐ OTHER_____

OBSTETRICAL

- ☐ 1ST TRIMESTER
- ☐ EARLY OB FOLLOW-UP
- ☐ 2ND/3RD TRIMESTER/HIGH RISK
- ☐ ANATOMY SCAN (18-20 wks)
- ☐ LMP_____

MUSCULOSKETAL

	R	L	B
☐ SHOULDERS	☐	☐	☐
☐ ELBOWS	☐	☐	☐
☐ WRISTS	☐	☐	☐
☐ HANDS	☐	☐	☐
☐ HIPS	☐	☐	☐
☐ KNEES	☐	☐	☐
☐ ANKLES	☐	☐	☐
☐ ACHILLES	☐	☐	☐
☐ FEET	☐	☐	☐

- ☐ LUMP
- ☐ SPINE C T OR L REGION

SMALL PARTS

- ☐ TESTICULAR
- ☐ THYROID
- ☐ GROIN / INGUINAL
- ☐ PAROTID GLANDS
- ☐ SALIVARY GLANDS
- ☐ SUBMANDIBULAR GLANDS
- ☐ NECK
- ☐ SOFT TISSUE
- ☐ OTHER_____

VASCULAR ULTRASOUND

- ☐ CAROTID DOPPLER
- LEG VEINS — R ☐ L ☐ B ☐
  - ☐ DVT
  - ☐ VARICOSE VEINS
- ☐ LEG ARTERIES / AORTA
- ☐ AORTA
- ☐ OTHER_____

X-RAY (NO APPOINTMENT REQUIRED)

CHEST

- ☐ CHEST PA AND LAT
- ☐ STERNUM
- ☐ STERNOCLAVICULAR JOINTS
- ☐ RIBS ☐R ☐L

ABDOMEN

- ☐ KUB
- ☐ ACUTE (2 VIEWS)

☐ **OTHER** _____

SPINE & PELVIS

- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBO-SACRAL
- ☐ SACRUM & COCCYX
- ☐ PELVIS
- ☐ PELVIS AND HIPS ☐R☐L
- ☐ SI JOINTS

SKELETAL SURVEY

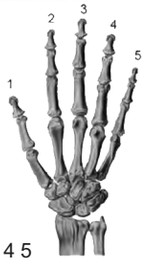
- ☐ ARTHRITIC
- ☐ METASTATIC

HEAD AND NECK

- ☐ SKULL
- ☐ SINUSES
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ TM JOINTS
- ☐ ADENOIDS
- ☐ SOFT TISSUE NECK
- ☐ ORBITS (MRI)

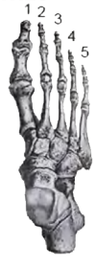
UPPER EXTREMITIES

	R	L
SHOULDER	☐	☐
CLAVICLE	☐	☐
AC JOINTS	☐	☐
SCAPULA	☐	☐
HUMERUS	☐	☐
ELBOW	☐	☐
FOREARM	☐	☐
WRIST	☐	☐
HAND	☐	☐
DIGITS 1 2 3 4 5	☐	☐



LOWER EXTREMITIES

	R	L
HIP	☐	☐
FEMUR	☐	☐
KNEE	☐	☐
TIBIA & FIBULA	☐	☐
ANKLE	☐	☐
FOOT	☐	☐
CALCANEUS	☐	☐
TOES 1 2 3 4 5	☐	☐



BONE MINERAL DENSITOMETRY

BASELINE
☐ FIRST TEST

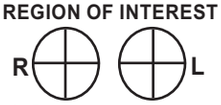
FOLLOW UP
☐ HIGH RISK (1 YR)

ROUTINE
☐ 3 YR. INITIAL FOLLOW UP FROM NORMAL BMD
☐ 5 YR. SUBSEQUENT FOLLOW-UP FROM NORMAL BMDS

BREAST IMAGING

MAMMOGRAPHY
☐ ROUTINE SCREENING
☐ OBSP
☐ DIAGNOSTIC_____

REGION OF INTEREST



☐ **BREAST ULTRASOUND** R ☐ L ☐ B ☐

OTHER PROCEDURES

CARDIOVASCULAR

GENERAL

- ☐ CARDIOLOGY CONSULT
- ☐ ECHOCARDIOGRAM
- ☐ HOLTER MONITOR (48 hrs)
- ☐ ECG - ELECTROCARDIOGRAM
- ☐ LOOP / EVENT MONITOR
- ☐ EXERCISE STRESS TEST(NON NUCLEAR)

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Please provide 24 hours advance notice if you are unable to keep this appointment. Missed appointments may be subject to a non-refundable fee.

ULTRASOUND PREPARATIONS

ABDOMEN

- Do not eat or drink anything for 6 hours prior to examination.

ABDOMEN/PELVIS

- Do not eat or drink anything for 6 hours prior to examination.
- One hour prior to the examination, finish drinking 4 8oz. of water. **DO NOT EMPTY YOUR BLADDER.**

KIDNEY & BLADDER

- **Finish** drinking 4-8 oz (750 ml) of water 1 hour before examination. **DO NOT EMPTY YOUR BLADDER.**

OBSTETRICAL (PREGNANCY) OR PELVIS

- One hour prior to the examination, **finish** drinking 4 8oz. of water. **DO NOT EMPTY YOUR BLADDER.** A full bladder is necessary for the examination.

OTHER EXAMS: No preparation required

G.I. PREPARATIONS

UPPER G.I. SERIES / BARIUM SWALLOW

- Nothing to eat or drink after midnight, the evening prior to examination
- ***No Breakfast, No Water, No Gum, No Candy***

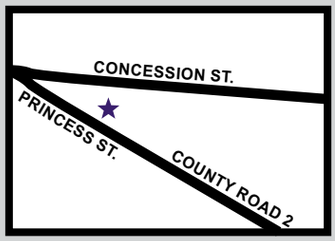
** Diabetic patients: if on insulin, please consult your doctor for appropriate dosage.

BONE DENSITOMETRY

- DO NOT TAKE CALCIUM SUPPLEMENTS WITHIN 24 HOURS. APPOINTMENT SHOULD NOT BE BOOKED WITHIN 2 WEEKS OF HAVING ANY X-RAY EXAMS INVOLVING CONTRAST AGENTS OR HAVING A NUCLEAR MEDICINE APPOINTMENT.

PLEASE WEAR SOMETHING WITHOUT METAL, BUTTONS OR ZIPPERS.

1



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We are located on the North Side of Princess Street, between Pam's Flowers and Giant Tiger

LEGEND:
X-Ray [X], Ultrasound [U/S], Vascular Ultrasound [V], Mammo [M], BMD, Fluoros [F]

"Disclaimer: This requisition form can be taken to any licensed facility providing health care services including hospitals and IHFs, such as those listed on the IHF website.

NOTES: