



# TAIGU XRAY ULTRASOUND 太古医学影像

**KENNEDY & STEELES**  
**FAST BOOKING / WALK-IN**  
**FEMALE / MALE TECH**  
**FREE PARKING**

**WE OPEN 7 DAYS A WEEK**

Mon-Thurs: 8:00 AM to 5:30 PM  
Friday: 8:00 AM to 5:00 PM  
Saturday: 8:00 AM to 4:00 PM  
Sunday: 8:30 AM to 4:30 PM

**3447 Kennedy Rd. Suite 200, Scarborough, ON M1V 3S1 Tel 416-299-3443 Fax 416-299-8326**

Name _____	D.O.B _____	Sex M    F	Health No. & V.C _____
Address & Tel No _____		Appointment Date and Time _____	

**X -RAY (NO APPOINTMENT REQUIRED)**

☐ **CD**
☐ **STAT**

**ABDOMEN**

☐ Single view (KUB)

☐ Acute (includes PA&Chest)

**HEAD&NECK**

☐ Skull

☐ Soft Tissue of Neck

☐ Nasal Bones

☐ Facial Bones

☐ Mandible

☐ T.M.Joints

☐ Orbits ☐ ☐  
                    R    L

**CHEST**

☐ Chest (PA&LAT)

☐ Ribs (includes PA&Chest)  
☐ ☐  
                    R    L

☐ Sternum

☐ S.C. Joints

**UPPER EXTREMITIES**

R    L

☐ ☐ Shoulder

☐ ☐ Clavicle

☐ ☐ A.C. Joints

☐ ☐ Scapula

☐ ☐ Humerus

☐ ☐ Elbow

☐ ☐ Forearm

☐ ☐ Wrist

☐ ☐ Scaphoid

☐ ☐ Hand

☐ ☐ Finger  
R    L ☐ ☐ ☐ ☐ ☐  
                    1    2    3    4    5

**SKELETAL SURVEY**

☐ Metastatic Series

☐ Arthritic Series

☐ Metabolic Series

☐ Scoliosis Series

☐ Bone Age

**LOWER EXTREMES**

R    L

☐ ☐ Hip

☐ ☐ Femur

☐ ☐ Knee

☐ ☐ Tib & Fib

☐ ☐ Ankle

☐ ☐ Foot

☐ ☐ Heel

☐ ☐ Toes ☐ ☐ ☐ ☐ ☐  
R    L            1    2    3    4    5

**SPINE&PELVIS**

☐ Cervical Spine

☐ Thoracic Spine

☐ Lumbo-Sacral Spine

☐ L/S Spine & Pelvis

☐ Pelvis

☐ Sacrum & Coccyx

☐ S.I. Joints

☐ AP Pelvis

☐ Pelvis & Hip ☐ ☐  
                                    R    L

**CARDIAC CENTER (by appointment)**  
4779 Steeles Ave E Unit B04, Scarborough, ON M1V

☐ ECG    ☐ Echocardiogram    ☐ Holter    ☐ 48/ ☐ 72 hour    ☐ Consult if abnormal  
☐ Stress treadmill test with Cardiology consultation

**ULTRASOUND**

**GENERAL**

☐ Abdomen

☐ Female Pelvis (TA+TV)

☐ Female Pelvis (TA only)

☐ Male Pelvis

☐ Transrectal Prostate

☐ Kidneys + Bladder

☐ Pre-post Void

☐ Follicular Monitoring x 5

**SMALL PART**

☐ Thyroid Gland

☐ Neck

☐ Face / Head

☐ Testes / Scrotum

R    L

☐ ☐ Breast Bilateral

☐ ☐ Groin

**OBSTETRICAL**

☐ 1st Trimester Dating

☐ Nuchal Translucency / IPS (11-14 weeks)

☐ Anatomy (18-20 weeks)

☐ 3rd Trimester (Fetal Growth/BPP)

☐ High Risk / Complications

**MUSCULOSKELETAL**

R    L

☐ ☐ Hip

☐ ☐ Hamstring

☐ ☐ Knee

☐ ☐ Achilles Tendon

☐ ☐ Ankle

☐ ☐ Foot

R    L

☐ ☐ Shoulder

☐ ☐ Elbow

☐ ☐ Wrist

☐ ☐ Hand

☐ ☐ Other Soft Tissue/Lump

**CLINICAL INFORMATION REQUIRED:**

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

cc: \_\_\_\_\_

DR'S OFFICE STAMP

**PREGNANCY RELEASE FORM**

**I DECLARE TO THE BEST OF MY KNOWLEDGE THAT**

**I AM NOT PRESENTLY PREGNANT 没有怀孕**

Patient Signature \_\_\_\_\_

Last Patient Registration Half an hour before Closing  
**PLEASE BRING YOUR HEALTH CARD**  
**& THIS REQUEST FORM**

## X-RAY

## ULTRASOUND

## CARDIAC

Cancellation should be made 24 hours before appointment

(取消预约请提前24小时)



### Kennedy Location (X-Ray & Ultrasound)

3447 Kennedy Rd. Suite 200, Free Parking  
Scarborough, ON M1V 3S1  
Tel 416 299 3443  
Fax 416 299 8326



### Midland Location (Cardiac Centre)

4779 Steeles Ave. E, Unit B4  
Scarborough, ON M1V 4S5  
Tel 416 298 4956  
Fax 416 754 9543

## ULTRASOUND PREPARATIONS 超声检查准备

### ABDOMAN

#### 腹部

- NOTHING TO EAT 8 HOURS BEFORE
- CAN DRINK CLEAR WATER BUT NO CARBONATED DRINKS
- CAN TAKE MEDICATION

檢查前8小時不吃食物。可以喝清水。可以吃藥。

### PELVIS / OB BEFORE 25WEEKS

#### 婦科 / 早中孕 / 男性盆腔

- DRINK 500-1000ml WATER (OR 2 SMALL BOTTLES) ONE HOUR BEFORE
- DO NOT VOID KEEP A FULL BLADDER FOR THE EXAM
- NO FASTING NECESSARY

檢查前1小時飲500-1000ml清水(1-2礦泉水瓶)，保持膀胱适度充盈/憋尿。  
可正常飲食。

### ABDOMEN + PELVIS TOGETHER

#### 腹部 + 盆腔

- NOTHING TO EAT 8 HOURS BEFORE
- CAN DRINK CLEAR WATER BUT NO CARBONATED DRINKS
- CAN TAKE MEDICATION
- DRINK 500-1000ml WATER (OR 2 SMALL BOTTLES) ONE HOUR BEFORE
- DO NOT VOID KEEP A FULL BLADDER FOR THE EXAM

檢查前8小時不吃食物。可以吃藥。

檢查前1小時飲500-1000ml清水(1-2礦泉水瓶)，保持膀胱适度充盈/憋尿。

### TRANSRECTAL PROSTATE

#### 經直腸前列腺

- 2 HOURS BEFORE USE 1 DULCOLAX SUPPOSITORY OR 1 FLEET ENEMA FROM PHARMACY AND FOLLOW INSTRUCTIONS
- DRINK 500-1000ml WATER 1 HOUR BEFORE
- DO NOT EMPTY YOUR BLADDER. A FULL BLADDER IS NECESSARY FOR THE EXAMINATION.

檢查前2小時用FLEET ENEMA清潔腸道，藥店有賣，請按說明書使用。

檢查前1小時飲500-1000ml清水(1-2礦泉水瓶)，保持膀胱适度充盈/憋尿。

### OTHER EXAMS: NO PREPARATION REQUIRED 其他檢查不需要準備

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website:

<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>