PATIENT STAMP / STICKER

DIAGNOSTIC StL IMAGING

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| FACILITY (NO ABBREVIATIONS) | CITY / TOWN | PHONE NUMBER |
|---|---|---|
| | | |

| UNIT | ROOM # |
|---|---|
| | |

| PATIENT'S LAST NAME | PATIENT'S FIRST NAME | SEX F M |
|---|---|---|
| | | |

| HEALTH NUMBER | VERSION CODE | DATE OF BIRTH DD MM YY |
|---|---|---|
| | | |

# MOBILE X-RAY

- ☐ CHEST
- ☐ RIBS L R
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBER SPINE
- ☐ SACRUM / COCCYX
- ☐ SI JOINTS
- ☐ PELVIS & HIPS L R
- ☐ ABDOMEN-VIEWS 1 ☐ 3 ☐
- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ ORBITS
- ☐ MANDIBLE
- ☐ CLAVICLE L R
- ☐ SHOULDER L R
- ☐ AC JOINTS L R
- ☐ HUMERUS L R
- ☐ ELBOW L R
- ☐ FOREARM L R
- ☐ WRIST L R
- ☐ HAND L R
- ☐ _____ FINGERS L R
- ☐ FEMUR L R
- ☐ KNEE L R
- ☐ TIB-FIB L R
- ☐ ANKLE L R
- ☐ FOOT L R
- ☐ _____ TOE L R
- ☐ OTHER _____
  _____

# MOBILE ULTRASOUND (For preparation see over)

- ☐ ABDOMEN
- ☐ PELVIS
- ☐ SCROTUM
- ☐ GROIN (Hernia)
- ☐ THYROID
- ☐ NECK
- ☐ SALIVARY GLAND
  Site _____
- ☐ BREAST L R
- ☐ OTHER
  _____
  _____

**DOPPLER**

- ☐ VENOUS ARMS L R
- ☐ VENOUS LEGS L R
- ☐ ARTERIAL LEGS L R
- ☐ ARTERIAL ARMS L R
- ☐ CAROTID L R
- ☐ LUMP / MASS
  Site _____

## * CLINICAL INFORMATION *

***THIS SECTION MUST BE COMPLETED IN FULL BEFORE EXAMINATION.***

REASON FOR EXAMINATION (RELEVANT HISTORY):

| REQUISITIONING MEDICAL PRACTITIONER / RNEC & OHIP NO. | UNIT NO. & EXT. |
|---|---|
| | |

| PHYSICIAN'S / RNEC'S SIGNATURE | DATE | DAY | MO | YEAR |
|---|---|---|---|---|
| X | | | | |

# Ultrasound Preparation

## ABDOMEN

- **MODIFIED DIET CONTAINING:**
    - **NO MEAT**
    - **NO FAT**
    - **NO DAIRY**
- **The day of the scheduled ultrasound until the ultrasound is completed.**
- **Clear fluids only to be served with meals**
- **Patients can take all medication as required**

## ABDOMEN & PELVIS

- **Restricted Diet (see above) with addition of a full bladder.**
- **Patient will need to drink 32oz (approximately 1 litre) prior to the technologist's arrival.**
- **Technologist will call and advise of the time to have the patient start drinking. The patient should be instructed not to void until the exam is completed (understandably, at times this may be difficult)**

## ALL OTHER EXAMS

- **No preparation is needed**

***Please note examinations requiring preparations may not all be completed prior to lunch. The directions provided will need to be followed for the duration of the scheduled appointment date.***