



# BRANTFORD RADIOLOGY GROUP

www.brantfordradiologygroup.com

☐ **SHELLINGTON IMAGING CLINIC**  
X-Ray, Ultrasound, Vascular, BMD  
40 Shellington Place, Suite 102  
Brantford, ON N3S 0C5  
Tel: **519-752-6829**  
Fax: **519-752-7897**

☐ **ST. PAUL IMAGING CLINIC**  
X-Ray, Ultrasound  
353 St. Paul Avenue  
Brantford, ON N3R 4N3  
Tel: **519-759-6089**  
Fax: **519-759-3618**

☐ **BRANT IMAGING CLINIC**  
Ultrasound Only  
221 Brant Avenue  
Brantford, ON N3T 3J3  
Tel: **519-750-7333**  
Fax: **519-750-7339**

☐ **KING GEORGE CLINIC**  
X-Ray Only  
270 King George Road,  
Brantford, ON N3R 5L5  
Tel: **519-758-0600**  
Fax: **519-758-9001**

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

PLEASE BRING YOUR HEALTH CARD WITH THIS REQUEST FORM

PATIENT INFORMATION				PHYSICIAN INFORMATION	
FIRST NAME	LAST NAME			NAME	ADDRESS
HOME PHONE	OTHER PHONE			PHONE	FAX
OHIP	VERSION CODE	DATE OF BIRTH	SEX	DATE	SIGNATURE
		M   M   D   D   Y   Y   Y   Y	M   F	M   M   D   D   Y   Y   Y   Y	

## BONE DENSITY (BY APPOINTMENT ONLY)

☐ Baseline ☐ 3yr - First followup ☐ Low Risk - 5yr ☐ High Risk-1yr

## X-RAY (NO APPOINTMENT REQUIRED)

### ABDOMEN

☐ Single view (KUB)  
☐ Acute

### HEAD & NECK

☐ Skull  
☐ Sinuses  
☐ Soft Tissue of Neck  
☐ Nasal Bones  
☐ Facial Bones  
☐ Mandible  
☐ T.M. Joints  
☐ Orbits ☐ R ☐ L

### CHEST

☐ Chest (PA & LAT)  
☐ Ribs ☐ R ☐ L ☐ B  
☐ Sternum  
☐ S.C. Joints

### SPINE & PELVIS

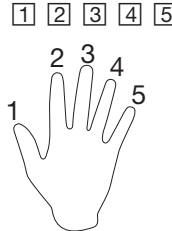
☐ Cervical Spine  
☐ Thoracic Spine  
☐ Lumbo-Sacral Spine  
☐ Sacrum & Coccyx  
☐ S.I. Joints  
☐ AP Pelvis

### LOWER EXTREMITIES

☐ R ☐ L Hip  
☐ R ☐ L Femur  
☐ R ☐ L Knee  
☐ R ☐ L Tib & Fib  
☐ R ☐ L Ankle  
☐ R ☐ L Foot  
☐ R ☐ L Heel  
☐ R ☐ L Toes ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

### UPPER EXTREMITIES

☐ R ☐ L Shoulder  
☐ R ☐ L Clavicle  
☐ R ☐ L A.C. Joints  
☐ R ☐ L Scapula  
☐ R ☐ L Humerus  
☐ R ☐ L Elbow  
☐ R ☐ L Forearm  
☐ R ☐ L Wrist  
☐ R ☐ L Scaphoid  
☐ R ☐ L Hand  
☐ R ☐ L Finger



## ULTRASOUND EXAMINATIONS (BY APPOINTMENT ONLY)

### GENERAL

☐ Abdomen  
☐ Limited Abdomen  
☐ Pelvis (**Includes** transvaginal unless contraindicated)  
☐ Pelvis (**Excludes** transvaginal)  
☐ Limited Pelvis  
☐ Male Pelvis  
☐ KUB (Abdomen + Pelvis)  
☐ Transvaginal  
☐ Breast ☐ R ☐ L  
☐ Abdominal Wall  
☐ Testicular / Scrotum  
☐ Prostate-Transrectal  
☐ Inguinal Canal/Hernia ☐ R ☐ L  
☐ Liver Cirrhosis (Abdomen + Doppler Scan)  
☐ Other \_\_\_\_\_

### NECK

☐ Thyroid ☐ Neck mass

### OBSTETRICAL

☐ Nuchal Translucency - IPS (11-13 weeks)  
☐ Obstetrical - Dating (Under 16 weeks)  
☐ Obstetrical (18-20 weeks)  
☐ Obstetrical (Over 20 weeks)  
☐ Obstetrical High Risk

### MUSCULOSKELETAL

☐ R ☐ L Hips ☐ R ☐ L Shoulders  
☐ R ☐ L Hamstrings ☐ R ☐ L Elbows  
☐ R ☐ L Knees ☐ R ☐ L Wrists  
☐ R ☐ L Achilles Tendons ☐ R ☐ L Other Muscle Area  
☐ R ☐ L Ankles  
☐ R ☐ L Feet  
☐ R ☐ L Other Soft Tissue \_\_\_\_\_

## CARDIAC ULTRASOUND (BY APPOINTMENT ONLY)

☐ Echocardiogram  
☐ Holter Monitor  
☐ 3 Days ☐ 14 Days

## VASCULAR ULTRASOUND (BY APPOINTMENT ONLY)

☐ Carotid  
☐ Aorta Iliac  
☐ Arterial Extremity ☐ ARM ☐ R ☐ L ☐ B  
☐ LEG ☐ R ☐ L ☐ B  
☐ Venous Extremity ☐ ARM ☐ R ☐ L ☐ B  
☐ LEG ☐ R ☐ L ☐ B

☐ CD ☐ STAT

## CLINICAL INFORMATION REQUIRED

MD: \_\_\_\_\_ CC: \_\_\_\_\_

## PREGNANCY DECLARATION

I DECLARE THAT I AM NOT PRESENTLY PREGNANT

Signature

## Female Technologists Available

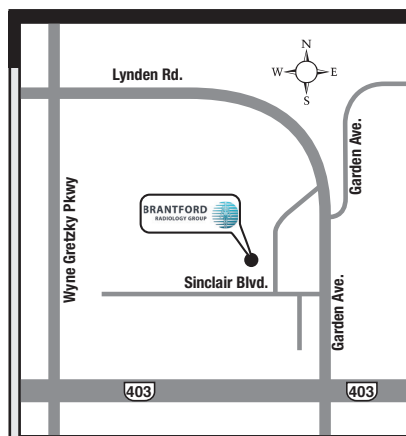
This requestion form can be taken to any licenced facility providing healthcare services including hospitals & IHF's, such as those on the IHF program website.



WHEELCHAIR  
ACCESSIBLE

# X-RAY • ULTRASOUND • VASCULAR ULTRASOUND • BONE DENSITY

CANCELLATION SHOULD BE MADE 24 HOURS BEFORE APPOINTMENT.



## SHELLINGTON IMAGING CLINIC

40 Shellington Place, Suite 102  
Brantford, ON N3S 0C5

**X-RAY, ULTRASOUND,  
VASCULAR, BMD**

**MONDAY-FRIDAY**  
8:00 AM to 5:00 PM



## BRANT IMAGING CLINIC

221 Brant Avenue  
Brantford, ON N3T 3J3

**Ultrasound Only**

**MONDAY-FRIDAY**  
8:00 AM to 5:00 PM

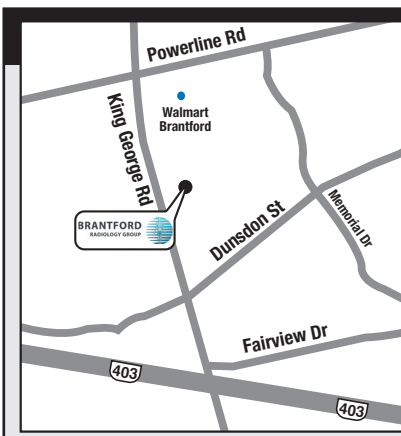


## ST. PAUL IMAGING CLINIC

353 St. Paul Avenue  
Brantford, ON N3R 4N3

**X-RAY,  
ULTRASOUND**

**MONDAY-FRIDAY**  
8:00 AM to 5:00 PM



## KING GEORGE CLINIC

270 King George Road,  
Brantford, ON N3R 5L5

**X-Ray Only**

**MONDAY-FRIDAY**  
8:00 AM to 2:00 PM\*

\* Operating hours might change  
based on the fracture  
clinic's operating hours  
Please call **519-758-0600**  
to confirm operating hours

## ULTRASOUND PREPARATIONS

### ABDOMAN ULTRASOUND

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- No carbonated drinks 12 hours before your appointment
- Nothing to eat or drink after midnight the night before
- Do not eat breakfast

### PELVIS ULTRASOUND (ALL TYPES)

- Drink 4-5 glasses of water (or 2 small bottles) of clear fluid one hour before your appointment time (water, juice, black coffee or black tea)
- Do not void – a full bladder is necessary for the examination
- No fasting necessary

### ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Nothing to eat after midnight the night before
- Drink 4-5 glasses of water (or 2 small bottles) of clear fluid one hour before your appointment time (water, juice, black coffee or black tea)
- Do not void – a full bladder is necessary for the examination

### NO PREPARATION IS REQUIRED FOR FOLLOWING

- Scrotal/testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound (any type)

### OBSTETRICAL ULTRASOUND

- For less than 12 weeks: drink 4-5 glasses (or 2 small bottles) of clear fluid one hour before your appointment time (water, juice, black coffee or black tea). You must eat breakfast/lunch
- For 12-18 weeks: drink 2 glasses (or 1 small bottle) of clear fluid one hour before your appointment time (water, juice, black coffee or black tea). You must eat breakfast/lunch
- For over 18 weeks: no preparation is required. You may eat breakfast/lunch

### NUCHAL TRANSLUCENCY - IPS

- Drink 3 glasses (or 1.5 small bottles) of clear fluid one hour before your appointment time (water, juice, black coffee or black tea)
- You must bring all the papers from your doctor (blood work requisition, i.P.S. Screening paper, etc.) with you for your appointment

### PROSTATE-TRANSRECTAL ULTRASOUND

- Purchase a fleet enema from the pharmacy and follow the instructions in the package
- Self administer the enema 2 hours before your appointment time
- Drink 4-5 glasses (or 2 small bottles) of clear fluid one hour before your examination (water, juice, black coffee or black tea)
- Do not void – a full bladder is necessary for the examination