

First Name	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Appointment Date and Time
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X-RAY	ULTRASOUND EXAMINATIONS
<p style="text-align: center;"><b>No Appointment Needed</b></p> <p><b>ABDOMEN</b>  <input type="checkbox"/> Single View (KUB)  <input type="checkbox"/> Acute (2 Views)</p> <p><b>HEAD &amp; NECK</b>  <input type="checkbox"/> Skull  <input type="checkbox"/> Adenoids  <input type="checkbox"/> Soft Tissue of Neck  <input type="checkbox"/> Nasal Bones  <input type="checkbox"/> Facial Bones  <input type="checkbox"/> Mandible  <input type="checkbox"/> T.M. Joints  <input type="checkbox"/> L <input type="checkbox"/> R Orbits</p> <p><b>SPECIAL REQUEST</b>  <input type="checkbox"/> CD Requested  <input type="checkbox"/> Stat</p> <p><b>CHEST</b>  <input type="checkbox"/> Chest  <input type="checkbox"/> Ribs <input type="checkbox"/> L <input type="checkbox"/> R &amp; Chest PA  <input type="checkbox"/> Sternum  <input type="checkbox"/> S.C. Joints  <input type="checkbox"/> Immigration</p> <p><b>SKELETAL SURVEY</b>  <input type="checkbox"/> Metastatic Series  <input type="checkbox"/> Arthritic Series  <input type="checkbox"/> Scoliosis Series</p> <p><b>SPINE &amp; PELVIS</b>  <input type="checkbox"/> Cervical Spine  <input type="checkbox"/> Dorsal Spine  <input type="checkbox"/> Lumbo-Sacral Spine  <input type="checkbox"/> Sacrum &amp; Coccyx  <input type="checkbox"/> S.I. Joints  <input type="checkbox"/> AP Pelvis</p> <p><b>UPPER EXTREMITIES</b>  <input type="checkbox"/> L <input type="checkbox"/> R Shoulder  <input type="checkbox"/> L <input type="checkbox"/> R Clavicle  <input type="checkbox"/> L <input type="checkbox"/> R A.C. Joints  <input type="checkbox"/> L <input type="checkbox"/> R Scapula  <input type="checkbox"/> L <input type="checkbox"/> R Humerus  <input type="checkbox"/> L <input type="checkbox"/> R Elbow  <input type="checkbox"/> L <input type="checkbox"/> R Forearm  <input type="checkbox"/> L <input type="checkbox"/> R Wrist  <input type="checkbox"/> L <input type="checkbox"/> R Scaphoid &amp; Wrist  <input type="checkbox"/> L <input type="checkbox"/> R Hand  <input type="checkbox"/> L <input type="checkbox"/> R Digits            No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><b>LOWER EXTREMITIES</b>  <input type="checkbox"/> L <input type="checkbox"/> R Hip  <input type="checkbox"/> L <input type="checkbox"/> R Femur  <input type="checkbox"/> L <input type="checkbox"/> R Knee  <input type="checkbox"/> L <input type="checkbox"/> R Tib &amp; Fib  <input type="checkbox"/> L <input type="checkbox"/> R Ankle  <input type="checkbox"/> L <input type="checkbox"/> R Foot  <input type="checkbox"/> L <input type="checkbox"/> R Osc. Calcis  <input type="checkbox"/> L <input type="checkbox"/> R Toes            No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>	<p style="text-align: center;"><b>Call For Appointment</b></p> <p style="text-align: center;"><b>GENERAL</b></p> <p><input type="checkbox"/> Abdomen Complete  <input type="checkbox"/> Abdomen Limited  <input type="checkbox"/> Gallbladder <input type="checkbox"/> Liver <input type="checkbox"/> Appendix <input type="checkbox"/> Hernia  <input type="checkbox"/> Kidneys <input type="checkbox"/> Bladder            Female Pelvis <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal            Male Pelvis <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transrectal  <input type="checkbox"/> Pelvis: Pre and Post Void  <input type="checkbox"/> Prostate  <input type="checkbox"/> Testicular / Scrotal  <input type="checkbox"/> L <input type="checkbox"/> R Breast  <input type="checkbox"/> Thyroid <input type="checkbox"/> Neck / Salivatory glands</p> <p style="text-align: center;"><b>OBSTETRICAL</b></p> <p><input type="checkbox"/> Obstetrical – Dating  <input type="checkbox"/> Nuchal Translucency (11 – 13 weeks 6 days)  <input type="checkbox"/> Obstetrical (18 Week Anatomical Scan)  <input type="checkbox"/> Obstetrical (Biophysical)  <input type="checkbox"/> Obstetrical (Limited)</p> <p style="text-align: center;"><b>MUSKULOSKELETAL</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> R Hip <input type="checkbox"/> L <input type="checkbox"/> R Shoulder  <input type="checkbox"/> L <input type="checkbox"/> R Hamstring <input type="checkbox"/> L <input type="checkbox"/> R Elbow  <input type="checkbox"/> L <input type="checkbox"/> R Knee <input type="checkbox"/> L <input type="checkbox"/> R Wrist  <input type="checkbox"/> L <input type="checkbox"/> R Achilles Tendon <input type="checkbox"/> Other Muscle Areas  <input type="checkbox"/> L <input type="checkbox"/> R Ankle <input type="checkbox"/> Other Soft Tissue  <input type="checkbox"/> L <input type="checkbox"/> R Foot  <input type="checkbox"/> L <input type="checkbox"/> R Fascia Plantaris</p>

**CLINICAL INFORMATION**

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

<p style="text-align: center;"><b>PREGNANCY RELEASE</b></p> <p>I declare to the best of my knowledge that I am NOT pregnant.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>	<p><b>Please bring your health card and this requisition with you and arrive 15 minutes before your appointment for registration. Late arrival may require re-booking. Missed appointments will be subject to a \$50 fee. At least 24-hour cancellation notice is required.</b></p> <p><b>FEMALE TECHNICIANS PLENTY OF FREE PARKING</b></p>	<p style="text-align: center;"><b>DOCTOR'S OFFICE STAMP</b></p>
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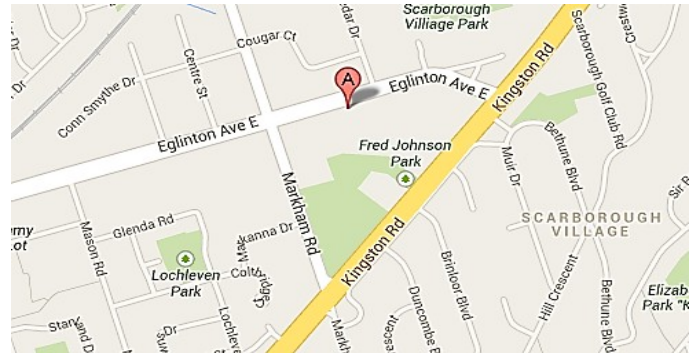
**Location:**

3227 Eglinton Ave E., Unit 148  
 Scarborough, ON M1J 3M5  
 T: 416.264.4343  
 F: 416.264.4342  
 E: kingmar@rogers.com  
[www.kingmardiagnostic.ca](http://www.kingmardiagnostic.ca)

**Office Hours:**

Mon – Thu 9:00 am – 6:00 pm  
 Fri 9:00 am – 4:00 pm  
 Sat - Sun 9:00 am – 3:00 pm

TTC: Bus numbers 34, 86, 86A, 86B, 86D, 86E, 102, 102A, 102B, 102C, 102D, 116, 116A, 116E



We are located in Markington Square Plaza – One block east of Markham Road and Eglinton Avenue East intersection. Clinic entrance is on the back side (parking lot) of plaza

## X-RAY PREPARATIONS

**GENERAL X-RAY**

- No preparation required

## ULTRASOUND PREPARATIONS

**ABDOMEN 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
- Do not eat or drink anything after midnight the night before
- Do not eat breakfast

**PELVIS ULTRASOUND (ALL TYPES)**

- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination
- No fasting is necessary

**ABDOMEN AND PELVIS ULTRASOUND TOGETHER**

- Eat a fat free dinner the night before your appointment
- No dairy products or fried foods
- Do not eat or drink anything after midnight the night before
- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination

**NO PREPARATION IS REQUIRED FOR THE FOLLOWING**

- Scrotal/Testicular ultrasound
- Thyroid ultrasound
- Musculoskeletal ultrasound

**OBSTETRICAL ULTRASOUND**

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

**NUCHAL TRANSLUCENCY**

- Drink 3 glasses (or 1.5 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Bring all the papers from your doctor (blood work requisition, I.P.S. screening paper, etc.) with you to your appointment

**PROSTATE-TRANSRECTAL ULTRASOUND**

- Purchase a **fleet enema** from a pharmacy and follow the instructions in the package
- Administer the fleet enema 2 hours before your appointment time
- Drink 4-5 glasses (or 2 small bottles) of clear fluid (water, juice, black coffee or black tea) 1 hour before your appointment time
- Do not void – A full bladder is necessary for the examination