



# WENTWORTH-HALTON X-RAY AND ULTRASOUND INC.

Owned and Operated by Radiologists at Hamilton Health Sciences (MUMC and General Sites)

and Ultrasound Inc.

### WATERDOWN LOCATION:

**245 DUNDAS STREET EAST**, Waterdown L0R 2H6  
Phone: (905) 689 - 0877 Fax: (905) 689-9918  
Mon Tues Thurs: 9:00 - 5:00 Wed Fri 9:00 - 4:00

### BURLINGTON LOCATIONS:

**672 BRANT STREET, LOWER** Burlington L7R 2H3  
Phone: (905) 637-7155 Fax: (905) 637-6774  
Mon to Fri: 9:00 - 5:00

**2951 WALKER'S LINE**, Burlington L7M 4Y1  
Phone: (905) 336-2202 Fax: (905) 336-9596  
Mon to Fri: 8:00 am to 8:30 pm  
**Sat & Sun: 9:00 - 6:00**

**1960 APPLEBY LINE**, Burlington L7L 0B7  
Phone: (905) 331-5438 Fax: (905) 331-2169  
Mon to Fri: 9:00am to 8:00pm  
**Sat & Sun: 10:00 - 4:00**

### OAKVILLE LOCATIONS:

**1060 SPEERS ROAD, # 111**, Oakville L6L 2X4  
Phone: (905) 844-0181 Fax: (905) 844-0182  
Mon to Fri: 8:00 am to 8:00 pm

**Sat & Sun: 10:00 to 4:00**  
 **2525 OLD BRONTE ROAD, # 140**, Oakville L6M 4J2  
Phone: (905) 469-2524 Fax: (905) 469-3555  
Mon to Fri: 8:30 am to 7:00 pm

**Sat: 9:00 am to 1:00 pm**  
**Sun: closed**

**581 ARGUS ROAD, LOWER**, Oakville L6J 3J4  
Phone: (905) 338-6644 Fax: (905) 338-6656  
Mon to Fri: 8:30 to 12:30 Lunch 1:00 to 5:00

## X-RAY REQUEST (All Offices)

ABDOMEN	CHEST	UPPER EXTREMITIES	LOWER EXTREMITIES
<input type="checkbox"/> K.U.B.	<input type="checkbox"/> Chest	<input type="checkbox"/> A.C. Joints	<input type="checkbox"/> R <input type="checkbox"/> L Hip
<input type="checkbox"/> Plain View	<input type="checkbox"/> R <input type="checkbox"/> L Ribs	<input type="checkbox"/> Sternoclavicular Joints	<input type="checkbox"/> R <input type="checkbox"/> L Femur
<input type="checkbox"/> Acute (3 views)	<input type="checkbox"/> Sternum	<input type="checkbox"/> R <input type="checkbox"/> L Shoulder	<input type="checkbox"/> R <input type="checkbox"/> L Knee
		<input type="checkbox"/> R <input type="checkbox"/> L Clavicle	<input type="checkbox"/> R <input type="checkbox"/> L Tibia & Fibula
		<input type="checkbox"/> R <input type="checkbox"/> L Scapula	<input type="checkbox"/> R <input type="checkbox"/> L Ankle
		<input type="checkbox"/> R <input type="checkbox"/> L Humerus	<input type="checkbox"/> R <input type="checkbox"/> L Os Calcis
		<input type="checkbox"/> R <input type="checkbox"/> L Elbow	<input type="checkbox"/> R <input type="checkbox"/> L Foot
		<input type="checkbox"/> R <input type="checkbox"/> L Forearm	<input type="checkbox"/> R <input type="checkbox"/> L Toe No. ____
		<input type="checkbox"/> R <input type="checkbox"/> L Wrist	
		<input type="checkbox"/> R <input type="checkbox"/> L Hand	
		<input type="checkbox"/> R <input type="checkbox"/> L Thumb	
		<input type="checkbox"/> R <input type="checkbox"/> L Finger No. ____	

HEAD & NECK	SPINE & PELVIS
<input type="checkbox"/> Skull	<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Dorsal Spine
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Lumbar Spine
<input type="checkbox"/> Nose	<input type="checkbox"/> Sacrum/Coccyx
<input type="checkbox"/> Mandible	<input type="checkbox"/> S.I. Joints
<input type="checkbox"/> Mastoids	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Orbits for MRI	<input type="checkbox"/> R <input type="checkbox"/> L Hip
<input type="checkbox"/> Adenoids	Other (specify): _____

**GASTRICS Walker's Line Location Only (Appt. only)**

Barium Swallow (\*Digital Fluoro @ Walker's)

Upper G.I. Series (Double Contrast)

Dedicated Small Bowel

Primary Air Contrast Barium Enema

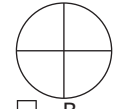
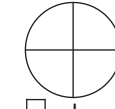
### ULTRASOUND (by appointment) HOURS: 7:30 to 4:00 Evening & Saturday Appts. Available

GENERAL (All Locations)	MUSCULOSKELETAL (All Locations)
Abdomen - above umbilicus (n/a @ Appleby)	<input type="checkbox"/> R <input type="checkbox"/> L Shoulder
<input type="checkbox"/> Aorta Only <input type="checkbox"/> Renal Only	<input type="checkbox"/> R <input type="checkbox"/> L Knee (soft tissue) (MRI req'd for meniscus)
<input type="checkbox"/> K.U.B. - Kidney, ureters, bladder	<input type="checkbox"/> R <input type="checkbox"/> L Achilles Tendon
Appendix Only <input type="checkbox"/> Hernia Only	<input type="checkbox"/> R <input type="checkbox"/> L Ganglion (specify area): _____
Pelvis - below umbilicus <input type="checkbox"/> Transvaginal	Lump (Specify Area): _____
Scrotum <input type="checkbox"/> Thyroid	<b>SPECIALTY MUSCULOSKELETAL (Appleby, Bronte, Walker's only)</b>
R <input type="checkbox"/> L Breast	<input type="checkbox"/> R <input type="checkbox"/> L Hip (If infant for DDH indicate age: ____ months)
R <input type="checkbox"/> L Knee (Baker's Cyst only)	Other: Please indicate joint, region, digit, toe below
Other: _____	<input type="checkbox"/> R <input type="checkbox"/> L _____
*Turn over for patient directions	Target area of concern & symptoms: _____

VASCULAR (@ Appleby, Brant, Speers & Waterdown)	OBSTETRICS (All Locations)
Arterial Studies:	IPS (11 to 14 weeks)
Carotid	Obstetrical (less than 16 weeks)
Aorta / Iliac Arteries	Obstetrical (greater than 16 weeks)
Ankle Brachial Indices (A.B.I.)	Other (specify): _____
Femoral Peripheral Arterial & A.B.I.	*Turn over for patient directions

**MAMMOGRAPHY (by appointment)**  
All locations exception, Appleby, Argus & Bronte

R  L  
Lesion (please indicate site above)

Previous:  Yes  No  
Where: \_\_\_\_\_  
Clinical Info: \_\_\_\_\_

\*Turn over for patient directions

**Ontario Breast Screening Program (OBSP)**

Burlington North - 2951 Walker's Line, Burlington

Oakville - Speers - 1060 Speers Road, Oakville

Screening Mammogram for Women 50 to 74 Years of Age

\*Turn over for patient directions

**BONE DENSITOMETRY**  
Brant / Walker's Line / Bronte / Speers / Argus - by appointment only

Baseline  Low Risk  High Risk

Previous:  Yes  No  
Where: \_\_\_\_\_  
When: \_\_\_\_\_

\*Turn over for patient directions

## PATIENT INFORMATION (\* These areas must be completed)

\* **Clinical Information:** \_\_\_\_\_

Priority Report:  Yes Return Images With Patient:  Yes  No

\* **Referring Physician Signature:** X Copies To: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ \* **Date Ordered:** \_\_\_\_\_

\* **Patient Name:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Health Number: \_\_\_\_\_ Version Code & Expiry Date: \_\_\_\_\_

Satisfactory X-Ray, Mammography, B.M.D. and Ultrasound diagnosis requires meticulous attention to detail. In order to gain the most information from your examination you must carry out the instructions below. Your examination is marked with an X. If further information is required, please call the appropriate office.

**YOUR HEALTH CARD IS REQUIRED AT ALL TIMES PLEASE BE ON TIME**

If late, you may have to rebook. If you cannot keep your appointment, please telephone and reschedule.

**GASTRICS (Please advise booking clerk if you are diabetic when making appointment)**

- 1. UPPER G.I. SERIES (Barium Meal) or BARIUM SWALLOW (Oesophagus)  
Nothing to eat or drink after 10 p.m. Do not chew gum, eat candy or lozenge, or smoke the morning of the study.
- 2. PRIMARY AIR CONTRAST BARIUM ENEMA  
Purchase 1 box of PICO-SALAX at drug store. Read all instructions. Before breakfast: mix 1 sachet with 5 oz of water, stir for 2-3 minutes (make sure it is cool before drinking) and drink contents. Mid afternoon – prepare 2<sup>nd</sup> sachet (same mixing directions) and drink contents. Follow meal instructions that are inside the box for breakfast, lunch and liquid supper. No further food is allowed after supper. Drink plenty of clear fluids, preferably water, until bowel movements have ceased. No food allowed morning of the study. You may drink water to satisfy thirst.
- 3. SMALL BOWEL MEAL  
Follow the barium enema (#2 above) instructions. This test will take up to 2 hours to complete.

**ULTRASOUND (Please advise booking clerk if you are diabetic when making appointment)**

- 4. ABDOMINAL ULTRASOUND  
Nothing to eat or drink after midnight. Do not chew gum the morning of the study.
- 5. ABDOMINAL AND \* PELVIC ULTRASOUND (combined)  
Nothing to eat after midnight. Do not chew gum the morning of the study.  
Drink 5 large glasses of water (1 litre) to be finished one (1) hour prior to the examination.  
DO NOT EMPTY YOUR BLADDER.
- 6. PELVIC OR OBSTETRICAL ULTRASOUND OR IPS ULTRASOUND (Part I)  
Drink 5 large glasses of water (1 litre) to be finished one (1) hour before the examination.  
DO NOT EMPTY YOUR BLADDER.  
\* A female pelvic exam may require a transvaginal study for optimum diagnostic results.
- 7. THYROID, SCROTUM, BREAST – No preparation
- 8. SMALL PARTS (EXTREMITY) ULTRASOUND - No preparation
- 9. VASCULAR ULTRASOUND  
Portal Vein - nothing to eat or drink after midnight. Do not chew gum the morning of the study. All other vascular studies - no preparation - wear a loose two-piece outfit.

**MAMMOGRAPHY - Accredited with Canadian Association of Radiologists**

- 10. MAMMOGRAPHY  
Limit caffeine consumption 2 days prior to the test (coffee, tea, cola, chocolate, etc)  
DO NOT USE DEODORANT, TALCUM POWDER, MOISTURIZERS on the day of the study.

**BONE DENSITOMETRY - Accredited with Ontario Association of Radiologists**

- 11. BONE DENSITOMETRY (B.M.D.)  
Please do not take any calcium supplements within **24 hours of your scheduled appointment.**  
If you have had DYE INJECTED, NUCLEAR MEDICINE or BARIUM TESTS in the past two (2) weeks, please reschedule your appointment. Please remove navel piercing if possible prior to the test as it can affect the accuracy of the test.