

DOWNTOWN LOCATIONS:

- 1 YOUNG ST, SUITE 105**, Hamilton L8N 1T8
X-Ray, Ultrasound and Fluoro
(905)522-2344 Fax: (905)522-5278
Mon: 8:30 - 5:00 Tues - Fri: 9:00 - 5:00 Sat: 10:00 - 2:00
- 1 YOUNG ST, SUITE 220**, Hamilton L8N 1T8
Vascular Lab
(905)522-2344 Fax: (905)522-5278
Mon - Fri: 8:00 - 4:00

EAST HAMILTON LOCATIONS:

- 132 PARKDALE AVE SOUTH**, Hamilton L8K 3P3
(905)547-3511 Fax: (905)547-3527
Mon Tues Thurs: 8:30 - 5:00 Wed: 8:30 - 1:00 Fri: 8:30 - 4:00

STONEY CREEK LOCATION:

- 15 MOUNTAIN AVE SOUTH**, Stoney Creek L8G 2V6
(905)662-4953 Fax: (905)662-1774
Mon Tues Thurs: 9:00 - 5:30 Wed: 9:00 - 4:30 Fri: 9:00 - 5:00

MOUNTAIN LOCATIONS:

- 325 WINTERBERRY DRIVE**, Hamilton L8J 0B6
(located in Heritage Greene on Paramount Drive)
(905)549-0433 Fax: (905)549-5676
Mon Tues Thurs Fri: 9:00 - 5:00 Wed: 9:00 - 4:00
- 609 UPPER JAMES** (on Brucesdale E.) Hamilton L9C 2Y9
(905)383-6989 Fax: (905)383-0222
Mon Tues Thurs Fri: 9:00 - 5:00 Wed: 9:00 - 4:00
- 723 RYMAL RD WEST**, Hamilton L9B 2W2
(905)388-0106 Fax: (905)388-0313
Mon: 8:30 - 5:00 Tues, Thurs: 9:00 - 5:00 Wed: 9:00 - 4:00 Fri: 9:00 - 4:30

WATERDOWN LOCATION:

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

GENERAL X-RAY - ALL LOCATIONS

X-Ray Requested:

GASTRICS (by appointment)
Young and Parkdale

- Barium Swallow (*Digital Fluoro)
- Upper G.I. Series (Double Contrast)
- Dedicated Small Bowel
- Primary Air Contrast Barium Enema

Turn over for patient directions

ULTRASOUND (by appointment) Hours: 7:30 to 4:00 / Young extended hours Thursday until 5:00

GENERAL (All locations)

- Abdomen - above umbilicus
- Aorta only | Renal only
- Appendix only | Hernia only
- Pelvis - below umbilicus | Transvaginal
- Scrotum | Thyroid
- R L Breast
- R L Knee (Baker's Cyst only)

Other: _____

* Turn over for patient directions

MUSCULOSKELETAL (n/a @ Upper James and Parkdale)

- R L Shoulder
- R L Knee (soft tissue) (MRI req'd for meniscus)
- R L Achille's Tendon
- R L Ganglion (specify area): _____

Lump (Specify Area): _____

SPECIALTY MSK (@Young Street only)

- R L Wrist (area of symptom - specify below)
- R L Wrist (full study)
- R L Hand
- R L Digit / Toe (specify: _____)
- R L Elbow (area of symptom - specify below)
- R L Elbow (full study)
- R L Hip (If infant for DDH indicate age: ___ months)
- R L Ankle (area of symptom - specify below)
- R L Ankle (full study)
- R L Foot

Other (specify): _____

OBSTETRICS (All locations)

- IPS (11 to 14 weeks)
- Obstetrical (less than 16 weeks)
- Obstetrical (Greater than 16 weeks)

*Turn over for patient directions

MAMMOGRAPHY (by appointment)

Stoney Creek / Winterberry / Waterdown



Lesion (please indicate site above)

Previous : Yes No

Where: _____

Clinical Info: _____

*Turn over for patient directions

OBSP - ONTARIO BREAST SCREENING PROGRAM
15 Mountain Avenue South, Stoney Creek

Screening Mammogram for Women 50 to 74 Years of Age
*Turn over for patient directions

BONE DENSITOMETRY-O.A.R ACCREDITED
Winterberry and Stoney Creek (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: _____

Your Health Card and Requisition Is Required For All Visits



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 2nd 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 (including OBSP)
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.