

Turnbull

DIAGNOSTIC IMAGING

170 Simcoe St. Peterborough, ON K9H 2H7 t. 705.742.3639 f. 705.742.8389 www.turnbulldi.com

Hours: Mon. – Fri. 9am – 5pm | No X-rays between 12:30 and 1:30

	TDI OFFICE USE ONLY
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THIS REQUISITION & VALID HEALTH CARD MUST BE PRESENTED AT TIME OF APPOINTMENT

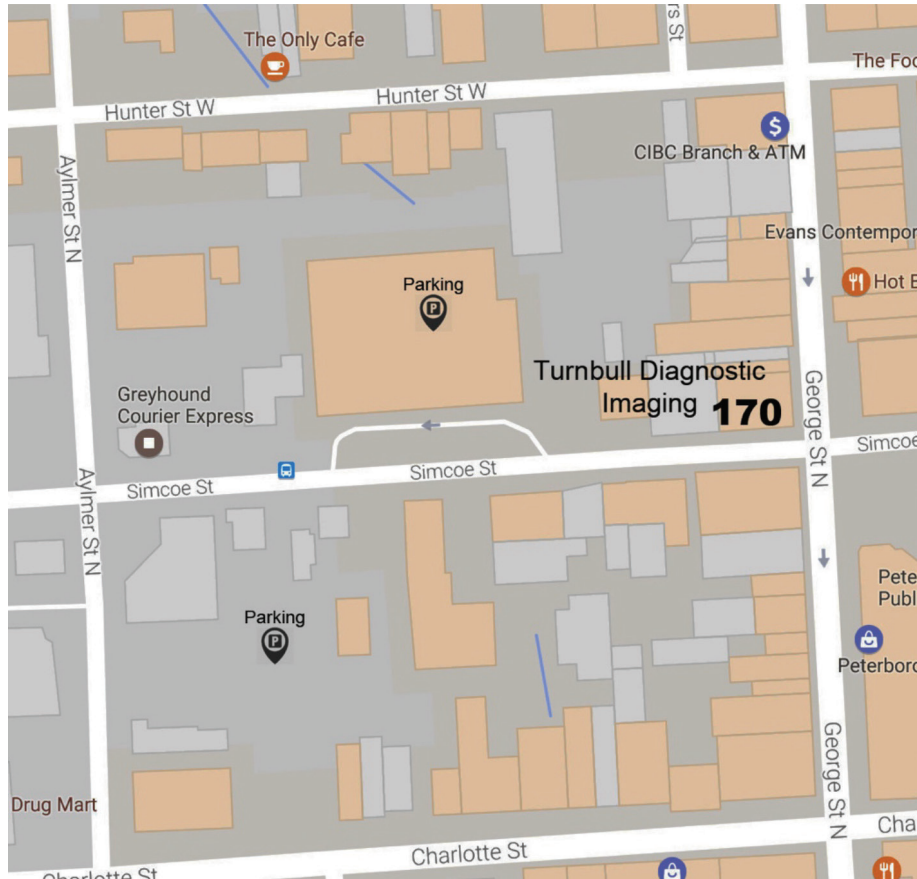
IF YOU ARE LATE OR NOT PROPERLY PREPARED, ANOTHER APPOINTMENT MAY HAVE TO BE ARRANGED

ULTRASOUND BY APPOINTMENT ONLY. X-RAYS: WALK-IN.

24HR NOTICE REQUIRED TO CANCEL OR A \$25.00 CHARGE APPLIES

<p>PATIENT INFORMATION</p> <p>Patient Name: _____</p> <p>Gender: M <input type="checkbox"/> F <input type="checkbox"/> Transition M-F <input type="checkbox"/> Transition F-M <input type="checkbox"/></p> <p>D.O.B. _____ Phone # _____</p> <p>Health Card # _____ VC _____</p> <p>Address: _____</p> <p>LMP: _____ Previous Exam: _____</p>	<p>PHYSICIAN INFORMATION</p> <p>Name: _____ Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Today's Date: _____ Ref Phys #: _____</p> <p>_____ DD/MM/YYYY Appointment Date Appointment Time</p>																																																																																																																																																																																																																							
<p>For Technologist use</p> <p>Pt. ID: _____</p> <p>Lead Used: _____</p> <p>Not Preg.: _____</p> <p>Tech: _____</p>	<p>Clinical History Requested</p> <p style="text-align: right;"><input type="checkbox"/> STAT</p> <p>_____ Doctor's Signature Copy To</p>																																																																																																																																																																																																																							
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PLEASE SEE INSTRUCTIONS ON BACK



INSTRUCTIONS FOR ULTRASOUND EXAMINATIONS

Abdominal

A.M. Appointments: nothing to eat or drink from midnight

P.M. Appointments: fat-free breakfast, nothing after 7AM.

Medications are allowed with small sips of water

Diabetic patients should advise staff at time of booking

Pelvic/TV, Early Obstetric and Nuchal Translucency (NT)

Finish 6 full 8oz. glasses of fluid ONE HOUR PRIOR to appointment.

DO NOT VOID UNTIL INSTRUCTED – Fasting NOT necessary.

Late Obstetric US (after 4th month, T2)

Finish 2 full glasses of fluid ONE HOUR PRIOR TO appointment.

GU/KUB/Urinary Tract/Kidneys, Bladder

Male: Finish 4 full glasses of fluid ONE HOUR PRIOR to appointment.

Female: Finish 6 full glasses of fluid ONE HOUR PRIOR to appointment.

DO NOT VOID UNTIL INSTRUCTED – Fasting NOT necessary.

INSTRUCTION TO PATIENTS:

1. Please bring your health card and this paper with you to your appointment.
2. Please arrive 10 minutes early to register.
3. Please refer to the exam preparation above.
4. Patients with out of town doctors must have doctor book appointment.