

# 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

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

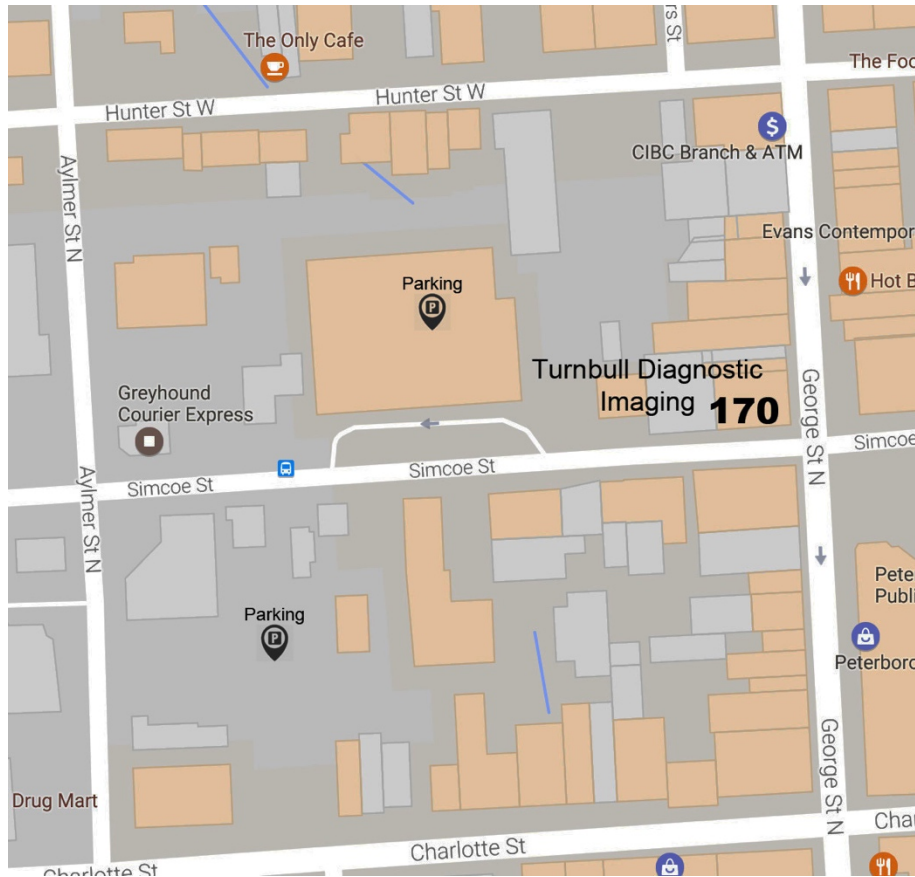
IF YOU ARE LATE OR NOT PROPERLY PREPARED, ANOTHER APPOINTMENT MAY HAVE TO BE ARRANGED  
ULTRASOUND BY APPOINTMENT ONLY. X-RAYS: WALK-IN  
24HR NOTICE REQUIRED TO CANCEL OR A \$25.00 CHARGE APPLIES

<p><b>PATIENT INFORMATION</b></p> <p>Patient Name: _____ Gender: M__ F__ D.O.B. _____ Phone # _____ Health Card # _____ VC _____ Address: _____ LMP: _____ Previous Exam: _____</p>	<p><b>PHYSICIAN INFORMATION</b></p> <p>Name: _____ Address: _____ Phone: _____ Fax: _____ Today's Date: _____ Ref Phys #: _____</p> <p style="text-align: center; color: gray;">DD/MM/YYYY</p> <p>Appointment Date <span style="float: right;">Appointment Time</span></p>
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<p><b>For Technologist use</b></p> <p>Pt. ID: _____ Lead Used: _____ Not Preg.: _____ Tech: _____</p>	<p><b>Clinical History Requested</b></p> <p style="text-align: right;"><input type="checkbox"/> <b>STAT</b></p> <hr/> <p>Doctor's Signature <span style="float: right;">Copy To</span></p>
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<p><b>X-Ray</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>HEAD</th> <th>R</th> <th>L</th> <th>UPPER EXT</th> <th>R</th> <th>L</th> <th>LOWER EXT</th> </tr> </thead> <tbody> <tr><td>Skull</td><td></td><td></td><td>Shoulder</td><td></td><td></td><td>Hip</td></tr> <tr><td>Sinuses</td><td></td><td></td><td>Scapula</td><td></td><td></td><td>Femur</td></tr> <tr><td>Facial Bones</td><td></td><td></td><td>Clavicle</td><td></td><td></td><td>Knee</td></tr> <tr><td>Nasal Bones</td><td></td><td></td><td>A C Joints</td><td></td><td></td><td>Tibia-Fibula</td></tr> <tr><td>Mandible</td><td></td><td></td><td>Humerus</td><td></td><td></td><td>Ankle</td></tr> <tr><td>Orbits</td><td></td><td></td><td>Elbow</td><td></td><td></td><td>Os Calcis</td></tr> <tr><td></td><td></td><td></td><td>Forearm</td><td></td><td></td><td>Foot</td></tr> <tr><td><b>ABDOMEN</b></td><td></td><td></td><td>Wrist</td><td></td><td></td><td>Toes</td></tr> <tr><td>Plain Film</td><td></td><td></td><td>Hand</td><td></td><td></td><td>1 2 3 4 5</td></tr> <tr><td>Acute Series</td><td></td><td></td><td>Fingers</td><td></td><td></td><td></td></tr> <tr><td><b>CHEST</b></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Chest pa &amp; lateral</td><td></td><td></td><td>1 2 3 4 5</td><td></td><td></td><td></td></tr> <tr><td>Ribs &amp; pa chest</td><td></td><td></td><td><b>SPINE and PELVIS</b></td><td></td><td></td><td><b>OTHER:</b></td></tr> <tr><td>Sternum</td><td></td><td></td><td>Cervical</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>Thoracic</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>Lumbar</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>SI Joints</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>Sacrum &amp; Coccyx</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>Pelvis</td><td></td><td></td><td></td></tr> </tbody> </table>	HEAD	R	L	UPPER EXT	R	L	LOWER EXT	Skull			Shoulder			Hip	Sinuses			Scapula			Femur	Facial Bones			Clavicle			Knee	Nasal Bones			A C Joints			Tibia-Fibula	Mandible			Humerus			Ankle	Orbits			Elbow			Os Calcis				Forearm			Foot	<b>ABDOMEN</b>			Wrist			Toes	Plain Film			Hand			1 2 3 4 5	Acute Series			Fingers				<b>CHEST</b>							Chest pa & lateral			1 2 3 4 5				Ribs & pa chest			<b>SPINE and PELVIS</b>			<b>OTHER:</b>	Sternum			Cervical							Thoracic							Lumbar							SI Joints							Sacrum & Coccyx							Pelvis				<p><b>Ultrasound</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OBSTETRICS</th> <th colspan="2">Pregnant? Y_ N_</th> </tr> </thead> <tbody> <tr><td>Early</td><td>LMP</td><td>dd/mm/yyyy</td></tr> <tr><td>NT</td><td>EDC</td><td>dd/mm/yyyy</td></tr> <tr><td>T2/anatomy</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> <tr><td><b>GENERAL</b></td><td><b>R</b></td><td><b>L</b></td><td><b>MUSCULOSKELETAL</b></td></tr> <tr><td>Abdomen</td><td></td><td></td><td>Shoulder</td></tr> <tr><td>Pelvic</td><td></td><td></td><td>Elbow</td></tr> <tr><td>Pelvic/Transvaginal</td><td></td><td></td><td>Wrist/Hand</td></tr> <tr><td>Renal</td><td></td><td></td><td>Hip</td></tr> <tr><td>GU</td><td></td><td></td><td>Knee</td></tr> <tr><td>Abdominal Wall</td><td></td><td></td><td>Ankle</td></tr> <tr><td>Scrotum</td><td></td><td></td><td>Foot</td></tr> <tr><td>Thyroid</td><td></td><td></td><td><b>OTHER:</b></td></tr> <tr><td>Neck</td><td></td><td></td><td></td></tr> <tr><td><b>R</b></td><td><b>L</b></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>Groin/Hernia</td></tr> <tr><td></td><td></td><td></td><td>Venous Doppler Leg</td></tr> <tr><td></td><td></td><td></td><td>Axilla</td></tr> </tbody> </table>	OBSTETRICS	Pregnant? Y_ N_		Early	LMP	dd/mm/yyyy	NT	EDC	dd/mm/yyyy	T2/anatomy			Other:			<b>GENERAL</b>	<b>R</b>	<b>L</b>	<b>MUSCULOSKELETAL</b>	Abdomen			Shoulder	Pelvic			Elbow	Pelvic/Transvaginal			Wrist/Hand	Renal			Hip	GU			Knee	Abdominal Wall			Ankle	Scrotum			Foot	Thyroid			<b>OTHER:</b>	Neck				<b>R</b>	<b>L</b>						Groin/Hernia				Venous Doppler Leg				Axilla
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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 4<sup>th</sup> month, T2)

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

### GU/Urinary Tract

**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.