



www.bluewaterimaging.ca



CAR Accredited Mammography Facility

**For Appointments, please call
(416) 462-0064**

(416) 781-1910 (Fax)

Or Request online at www.bluewaterimaging.ca

APPOINTMENT

D | D | M | M | Time

Arrive at least 15 minutes before your appointment and you must bring this form and OHIP card.
Late arrivals may be re-booked. A charge of \$50 for any missed appointment will apply.

U-Ultrasound G-Gastric E-Echo X-Xray M-Mammo B-Bone Density V-Vascular BX-Biopsy O-OBSP

- 101 - 3170 Lake Shore Blvd W. [U, V, E, X, B, G]
 - 150 Eglinton Ave. E 5th Flr [U, X]
 - 202 - 2190 Yonge St. [U, V, X, B, G]
 - LL30 - 4600 HWY 7 W. [U, V, E, X, B, M, O]
 - 100 - 2010 Eglinton Ave. W. [U, V, X, G]
 - 203 - 960 Lawrence Ave. W, [U, BX, X, B, M, O]
 - 2221 Keele St. [U, X, G]
- Appointments: 416-256-7678 Appointments: 416-235-1249

See reverse for Maps, Preparatory Instructions & Location Services

Patient Information

Patient's Last Name				Patient's First Name			
Address			City	Prov.	Postal Code	Phone #	
Health Card #				Date of Birth		Day	Month
#	#	#	#	#	#	#	#
				Date of Birth		Day	Month
						Day	Month


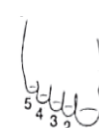
Physician Information

Referring Doctor:		Copy To	
Address:		Doctor:	
Phone #:		Fax #:	
Fax#:		OHIP Provider ID#:	
Physician's Signature:		M.D. Date:	

Clinical History

STAT
VERBAL

DIGITAL X-RAY – no appointment **DIGITAL ULTRASOUND – by appointment**

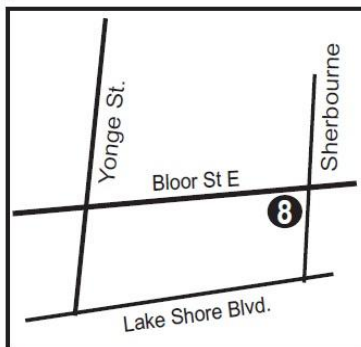
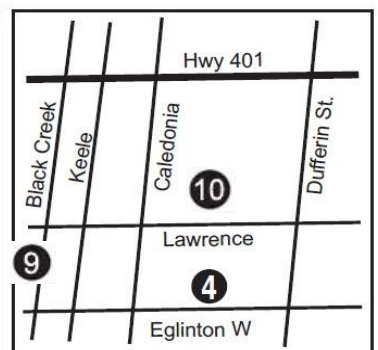
<p>By Appointment only</p> <p>G.I. Tract:</p> <p>100 <input type="checkbox"/> B.A. Swallow</p> <p>101 <input type="checkbox"/> G.I. Series (Upper)</p> <p>102 <input type="checkbox"/> G.I. & Small Bowel</p> <p>103 <input type="checkbox"/> Barium Enema (Colon)</p> <p>Mammography</p> <p>104 <input type="checkbox"/> Digital Mammogram*</p> <p>104 <input type="checkbox"/> OBSP Mammogram</p> <p>*Bring previous films</p> <p>Bone Densitometry:</p> <p>105 <input type="checkbox"/> Low Risk</p> <p>106 <input type="checkbox"/> High Risk</p> <p>Head & Neck</p> <p>110 <input type="checkbox"/> Skull</p> <p>111 <input type="checkbox"/> Sinuses</p> <p>112 <input type="checkbox"/> Adenoids</p> <p>113 <input type="checkbox"/> Neck Soft Tissues</p> <p>Neck</p> <p>114 <input type="checkbox"/> Mastoids</p> <p>115 <input type="checkbox"/> Facial Bones</p> <p>116 <input type="checkbox"/> Nasal Bones</p> <p>117 <input type="checkbox"/> Orbits</p> <p>118 <input type="checkbox"/> Mandible</p> <p>119 <input type="checkbox"/> T.M. Joints</p> <p>Abdomen</p> <p>120 <input type="checkbox"/> Plain Film (K.U.B.)</p> <p>121 <input type="checkbox"/> Acute (3 views)</p> <p>Chest</p> <p>122 <input type="checkbox"/> Chest</p> <p>123 <input type="checkbox"/> Chest Visa</p> <p>124 <input type="checkbox"/> R <input type="checkbox"/> L Ribs & Chest</p> <p>125 <input type="checkbox"/> Sternum</p> <p>126 <input type="checkbox"/> Sterno-Clavicular Joints</p> <p>Spine & Pelvis</p> <p>127 <input type="checkbox"/> Cervical Spine</p> <p>128 <input type="checkbox"/> Dorsal Spine</p> <p>129 <input type="checkbox"/> Scoliosis Series</p> <p>130 <input type="checkbox"/> Lumbo-Sacral Spine</p> <p>131 <input type="checkbox"/> L/S Spine, Pelvis & SI Joints</p> <p>132 <input type="checkbox"/> Sacrum & Coccyx</p> <p>133 <input type="checkbox"/> S.I. Joints</p> <p>134 <input type="checkbox"/> Pelvis & Hips</p> <p>Skeletal Survey</p> <p>135 <input type="checkbox"/> Metastatic Series</p> <p>136 <input type="checkbox"/> Arthritic Series</p> <p>137 <input type="checkbox"/> Bone Age</p> <p>Upper Extremities</p> <p>R L</p> <p>138 <input type="checkbox"/> Shoulder</p> <p>139 <input type="checkbox"/> Clavicle</p> <p>140 <input type="checkbox"/> A.C. Joint</p> <p>141 <input type="checkbox"/> Scapula</p> <p>142 <input type="checkbox"/> Humerus</p> <p>143 <input type="checkbox"/> Elbow</p> <p>144 <input type="checkbox"/> Forearm</p> <p>145 <input type="checkbox"/> Wrist & Hand</p> <p>146 <input type="checkbox"/> Scaphoid</p> <p>147 <input type="checkbox"/> Fingers # 1 2 3 4 5</p> <p>Lower Extremities</p> <p>R L</p> <p>148 <input type="checkbox"/> Hip</p> <p>149 <input type="checkbox"/> Femur</p> <p>150 <input type="checkbox"/> Knee</p> <p>151 <input type="checkbox"/> Tibia & Fibia</p> <p>152 <input type="checkbox"/> Ankle</p> <p>153 <input type="checkbox"/> Ankle w/ Stress Views</p> <p>154 <input type="checkbox"/> Foot</p> <p>155 <input type="checkbox"/> Os Calcis</p> <p>156 <input type="checkbox"/> Toes No. 1 2 3 4 5</p>  	<p>Doppler Vascular Studies:</p> <p>200 <input type="checkbox"/> Carotids</p> <p>201 <input type="checkbox"/> Peripheral Arterial</p> <p>202 <input type="checkbox"/> Peripheral Venous</p> <p>203 <input type="checkbox"/> Renal Arteries</p> <p>General Ultrasound:</p> <p>204 <input type="checkbox"/> Abdomen</p> <p>205 <input type="checkbox"/> Kidneys & Pelvis</p> <p>206 <input type="checkbox"/> Obstetric 207 <input type="checkbox"/> IPS</p> <p>208 <input type="checkbox"/> Pelvis (incl. transvaginal unless contraindicated)</p> <p>208 <input type="checkbox"/> Pelvis</p> <p>210 <input type="checkbox"/> Prostate/Transrectal</p> <p>211 <input type="checkbox"/> Testes / Scrotum</p> <p>212 <input type="checkbox"/> Thyroid</p> <p>213 <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B</p> <p>214 <input type="checkbox"/> Neck</p> <p>215 <input type="checkbox"/> Axillary</p> <p>216 <input type="checkbox"/> Sonohysterogram</p> <p>217 <input type="checkbox"/> Echocardiogram</p> <p>218 Musculoskeletal:</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> AC Joint</p> <p><input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Groin</p> <p><input type="checkbox"/> Knee</p> <p><input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> Achilles Tendon</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Hamstring</p> <p><input type="checkbox"/> Other:</p> <p>218A Limited MSK</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Tendon:</p> <p>Biopsy</p> <p>219 <input type="checkbox"/> Breast FNA / Core</p> <p>220 <input type="checkbox"/> Thyroid</p> <p>221 <input type="checkbox"/> Other:</p> <p>For Office Use Only</p> <p>Patient ID: _____</p> <p>Accession #: # # # # # # # # # # # # # # # #</p> <p># # # # # # # # # # # # # # # #</p> <p><input type="checkbox"/> Verify <input type="checkbox"/> Billings <input type="checkbox"/> Update Billings <input type="checkbox"/> Ref Doc in PACS <input type="checkbox"/> Scan Papers</p>
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Patient Instructions

If unable to keep appointment please give 24 hours notice

Ultrasound	Radiology
<p>Trans-rectal: 1) Purchase a FLEET ENEMA from a pharmacy. Follow the instructions in the package. Take the ENEMA two hours before the appointment time. 2) Drink 4 large glasses (1 litre) of water 1 hour before your appointment. Do NOT go to the washroom until after the examination is complete.</p> <p>Prostate: Drink 4 large glasses (1 litre) of water 1 hour before your appointment. Do NOT go to the washroom until after the examination is complete.</p> <p>Abdomen: Includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS, and AORTA: MORNING APPOINTMENT (BEFORE 1PM): No solid foods or liquids after midnight. We require you to have an empty stomach. AFTERNOON APPOINTMENT (AFTER 1PM): You may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch, as we require you to have an empty stomach.</p> <p>Pelvis or Obstetrical: You must drink 32 oz./1 litre of water (four large glasses). You must have completed drinking the water 1 hour before your appointment. Do not go to the washroom as you must have a full bladder for this examination. You may eat regularly.</p> <p>Sonohysterogram: You must have a full bladder. You must have completed drinking 32 oz/1 litre (four large glasses of water) 1 hour before your appointment. Take two Advils 1 hour before your appointment. Please bring with you a sanitary pad. Exam is to be done 10 days after your menstrual cycle.</p>	<p>X-RAY – If there is a possibility you may be pregnant please contact your physician prior to the X-Ray.</p> <p>Upper G.I. Series, Small Bowel Follow Through & BA Swallow: Nothing to eat or drink after midnight. Patients are expected to fast through to the end of the procedure. (Booked for morning only)</p> <p>Note: Small Bowel Follow Through: Patients must stay at facility for up to 2 hours; imaging will be done throughout the entire time.</p> <p>Barium Enema (Large bowel X-Ray): Starting the day before examination: All meals are clear fluid diet only; clear fruit juice, bouillon, tea, Jell-O. No cream or fruit. Drink lots of water. The total fluid intake should be at least six 8 oz. glasses. At 6:00 pm, take 1/2 bottle of Magnesium Citrate (Citromag). If no result by 8:00 pm, take remaining 6 oz. and 2 Ducolax tablets with 2 glasses of water. On the morning of the exam, use a Ducolax rectal suppository. A glass of clear fluids is allowed. Be sure to DRINK ALL FLUID SPECIFIED.</p> <p>Mammography: On the day of the examination: After showering, do not use deodorant, antiperspirant or talcum powder under the arms or on chest, as these particles may show up on the mammogram. Please wear a 2-piece outfit for your comfort.</p> <p>Musculoskeletal Ultrasound, Transvaginal Ultrasound, Breast Ultrasound, Echocardiogram (heart), Thyroid (neck), Doppler, Bone Mineral Densitometry : No preparation necessary.</p>

Patients who do not speak English must be accompanied by a translator



- ① 101-3170 Lake Shore Blvd W., Etobico (Lake Shore & Kipling)
- ② LL30-4600 HWY 7 W, Woodbridge (Pine Valley & Hwy 7)
- ③ 114-2737 Keele St., Toronto (Keele & 401)
- ④ 100-2010 Eglinton Ave. W, Toronto (Eglinton & Dufferin)
- ⑤ 717 Bay St. Unit D, Toronto (Bay & Gerrard)
- ⑥ 202-2190 Yonge St., Toronto (Yonge & Eglinton)
- ⑦ 150 Eglinton Ave. E, Toronto (Eglinton & Mt. Pleasant)
- ⑧ 2221 Keele St, Toronto (Keele & Ingram)
- ⑨ 203-960 Lawrence Ave. W (Lawrence & Dufferin)