



### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ OHIP #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Appointment: Day \_\_\_\_\_ Time \_\_\_\_\_

### Referring Physician

Name: \_\_\_\_\_ Decision Date \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Copy to: \_\_\_\_\_  
 Billing Number: \_\_\_\_\_

### X-RAY (Walk-in only)

Please specify (right/left/bilateral and body part(s)):

**Clinical Information (mandatory)**

### ULTRASOUND

(Please arrive 10 minutes early)

#### Abdominal/Pelvic

Abdomen (incl. ltr. bladder & Lower quadrants,  
No reproductive organs)  
 Female Pelvis (to include transvaginal exam unless  
contraindicated)  
 Male Pelvis  
 Abdomen/Pelvis  
 Obstetrical – LMP \_\_\_\_\_ d \_\_\_\_\_ m \_\_\_\_\_ y  
 Dating  
 Nuchal Translucency  
 Anatomy/Morphology Scan

#### Small Parts

Scrotal  
 Thyroid  
 Face/Neck  
 Groin/Inguinal Area  
 Soft Tissue Mass: Please Specify:  
 Other: Please Specify:  
 Clinical Information (mandatory)

#### Vascular

Carotid Doppler  
 Venous Duplex (lower extremity)

### EXAMINATION PREPARATION

1415 1st Avenue West, Suite 3006  
 Owen Sound, Ontario N4K 4K8  
 Telephone: (519) 376-2000  
 Fax: (519) 376-6753

Email: [info@osmedicalimaging.com](mailto:info@osmedicalimaging.com)

8:30 am to 4:45 pm  
 Monday to Friday  
 Closed 12:30 pm to 1:00 pm

**Please bring your  
Ontario Health Card.**

#### Ultrasound

##### Abdomen

For gallbladder, bile ducts, liver, spleen, pancreas, kidneys or aorta. Drink four (4) 8 oz. glasses of water. Nothing to eat or drink after Midnight the night before until completion of exam. If appointment is in the afternoon, clear fluids are allowed in the morning.

##### Pelvic / Obstetric Scan

Empty bladder then four (4) 8 oz. glasses of water or clear fluids. You are to have completed drinking one (1) hour prior to examination. Do not go to the washroom as a full bladder is essential.

#### Abdomen and Pelvic Scan

Follow fasting preparation for abdomen and then drink four (4) 8 oz. glasses of water so that you have completed drinking one (1) hour prior to examination. Do not go to the washroom as a full bladder is essential.

All other scans require no preparation.

You may be billed for appointments cancelled with less than 24 hours notice.