



# DANFORTH/MAIN X-RAY, ULTRASOUND MAMMOGRAPHY AND CARDIO CLINIC

2494 Danforth Ave., Suite 201 Toronto, Ontario M4C 1K9

Tel: (416) 691-5071; Fax: (416) 691-3349

www.danforthmain.com



Ontario breast screening program

DANFORTH/MAIN MEDICAL DIAGNOSTICS LTD.

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
d d / m m / y y y y

Patient's Phone #: \_\_\_\_\_

### CLINICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  STAT/VERBAL

**SCHEDULED TIME:** DATE \_\_\_\_\_ TIME \_\_\_\_\_

Please be advised that your scheduled time is a registration time for our administrative purposes ONLY.

**\*\*\*PLEASE SEE REVERSE FOR PREPARATIONS\*\*\***

### GENERAL X-RAYS

#### ABDOMEN

- Single View (K.U.B.)
- Acute (3 views)

#### CHEST

- Chest
- Chest PA
- Sternum
- L R Ribs & Chest PA

#### HEAD & NECK

- Skull
- Sinuses
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Soft Tissue Neck
- Adenoids
- Mastoids
- Orbits
- Orbits (Pre-MRI)

#### UPPER EXTREMITIES

- A.C. Joints
- L R Clavicle
- L R Shoulder
- L R Scapula
- L R Humerus
- L R Elbow
- L R Forearm
- L R Wrist
- L R Hand
- L R Thumb
- L R Finger No. \_\_\_\_\_

#### SPINE & PELVIS

- Cervical Spine
- Flexion & Ext.
- Dorsal Spine
- Lumbar Spine
- Scoliosis Series
- S.I. Joints
- Sacrum & Coccyx
- Pelvis

#### LOWER EXTREMITIES

- L R Femur
- L R Knee
- L R Tib. & Fib.
- L R Ankle
- L R Foot
- L R Toe No. \_\_\_\_\_
- L R Heel
- L R Hip

#### MVA & TRAUMA

Additional Views: \_\_\_\_\_

**Pregnancy Release Form:** I declare, to the best of my knowledge, that I am NOT presently pregnant.

### SCHEDULING TIMES ARE NECESSARY FOR THE FOLLOWING EXAMINATIONS

#### CARDIO

- Echocardiogram
- Holter Monitoring
  - 48 Hours
  - 24 Hours

#### VASCULAR

- Duplex Carotid – Sector/Colour Doppler
- Arteries – Sector/Colour Doppler
- Veins – Sector/Colour Doppler

### ULTRASOUND

PLEASE ADVISE US, IF YOU ARE DIABETIC

- Obstetrical
  - <16 weeks
  - >16 weeks
- Abdomen
- Pelvic (includes transvaginal unless contraindicated)
- Neck
- Thyroid

- Male Pelvis
- Prostate
- Transrectal
- Scrotal
- OTHER \_\_\_\_\_

#### MUSCULOSKELETAL U/S

- Shoulder
- Elbow
- Wrist
- Knee
- Ankle
- Other \_\_\_\_\_

### BREAST SCREENING

#### SCREENING MAMMOGRAM WITH OBSP

#### MAMMOGRAPHY

#### CONE COMPRESSION / MAG VIEWS

#### BREAST ULTRASOUND

IMPLANTS? Y  N

MAMMOGRAPHY AND BREAST ULTRASOUND

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilat                    | Rt                       | Lt                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilat                    | Rt                       | Lt                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilat                    | Rt                       | Lt                       |

**\*\*\*\*\*PLEASE SEE REVERSE FOR PREPARATIONS\*\*\*\*\*  
A VALID HEALTH CARD MUST BE SHOWN AT EVERY VISIT**

SIGNED \_\_\_\_\_ M.D. DATE \_\_\_\_\_