



# KESWICK ADVANCED IMAGING

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URGENT



ontario breast  
screening program  
a cancer care ontario program



Mammography accredited by CAR



CBMD accredited by OAR

## X-RAY

### ABDOMEN

- ☐ Plain Film (Single KUB)
- ☐ Acute (Include PA Chest)

### HEAD AND NECK

- ☐ Skull
- ☐ Adenoids
- ☐ Mastoids
- ☐ Soft Tissue Neck
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Orbits/  
foreign body for MRI
- ☐ Mandible
- ☐ T.M. Joints

### SKELETAL SURVEYS

- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Bone Age

### CHIROPRACTOR

Report Needed

- ☐ YES ☐ NO

☐ NOT PREGNANT

### CHEST

- ☐ Chest
- ☐ Ribs R ☐ L ☐
- ☐ Chest PA  
R ☐ L ☐
- ☐ Sternum
- ☐ Sterno-Clavicular  
Joints

### UPPER EXTREMITIES

- ☐ R ☐ L Shoulder
- ☐ R ☐ L Clavicle
- ☐ R ☐ L A.C. Joint
- ☐ R ☐ L Scapula
- ☐ R ☐ L Humerus
- ☐ R ☐ L Elbow
- ☐ R ☐ L Forearm
- ☐ R ☐ L Wrist
- ☐ R ☐ L Hand
- ☐ R ☐ L Fingers 1 2 3 4 5

### SPINE AND PELVIC

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Sacrum and Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Scoliosis series

### LOWER EXTREMITIES

- ☐ R ☐ L Hip
- ☐ R ☐ L Femur
- ☐ R ☐ L Knee
- ☐ R ☐ L Tib and Fib
- ☐ R ☐ L Ankle
- ☐ R ☐ L Foot
- ☐ R ☐ L Calcaneus
- ☐ R ☐ L Toes 1 2 3 4 5

## ULTRASOUND

### GENERAL

- ☐ Abdomen
- ☐ Female Pelvis  
(transabdominal & transvaginal)
- ☐ without TV
- ☐ KUB
- ☐ Hernia: Site \_\_\_\_\_ Unilateral ☐ Bilateral ☐
- ☐ MSK: Site \_\_\_\_\_
- With X-rays ☐ Without X-rays ☐
- ☐ Superficial Mass: Site \_\_\_\_\_

- ☐ Thyroid ☐ Neck

### OBSTETRICAL

- ☐ Dating (<16 weeks) ☐ BPP/Growth
- ☐ Nuchal Translucency (11-14 weeks) ☐ Twins
- ☐ Anatomy (18-20 weeks) ☐ Complications

## VASCULAR STUDIES

- ☐ Carotids & Vertebrales
- ☐ Aorta
- ☐ Lower Venous L ☐ R ☐ B ☐ ☐ Lower Arterial
- ☐ Upper Venous L ☐ R ☐ B ☐ ☐ Upper Arterial
- ☐ Renal Artery

## BREAST IMAGING

### MAMMOGRAM

- ☐ Implant

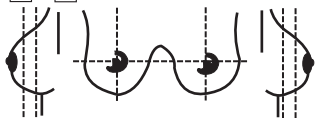
### OBSP

(patients over 75 yrs.  
need a requisition)

### BREAST ULTRASOUND

- ☐ Bilateral ☐ L ☐ R
- ☐ Axilla ☐ L ☐ R

Please Select Area of interest



## PATIENT'S INFORMATION

## BONE DENSITY

Previous exam: \_\_\_\_\_ D / M / Y

- ☐ Baseline
- ☐ Low risk (every 5 years)
- ☐ High risk (every year)

## HEALTHCARE PROVIDER

Referred by: \_\_\_\_\_

Signature

OHIP Billing Number

CC: \_\_\_\_\_

## CLINICAL HISTORY

All patients must have a valid health card and their requisition at the time of booking.

WE REQUIRE A 24 HOUR CANCELLATION NOTICE OR A \$100 CHARGE WILL APPLY. Please see reverse side for preparations.

For further information about the examination types and detailed preparations, please visit our website at [www.keswickimaging.ca](http://www.keswickimaging.ca)

**Please arrive 15 minutes prior to your appointment with a valid health card and your requisition.**

## PREPARING FOR YOUR EXAM

### • Abdomen Ultrasound

Fasting for 8 hours, if you take any medications, please take with water only, please inform our staff if you are diabetic.

• **Pelvic Ultrasound** - Drink 1 liter of water and finish drinking one hour prior to your appointment, do not go to the washroom. You must have a full bladder for this exam.

### • Obstetrical Ultrasound

Drink 1 liter of water and finish drinking one hour prior to your appointment, do not go to the washroom. You must have a full bladder for this exam.

### • Prostate Ultrasound (If Transrectal)

Purchase Fleet Enema from your local drugstore, use 2 hours prior to your appointment, follow manufacturer's instructions **AND** drink one liter of water one hour prior to your exam and hold, do not go to the washroom.

You need to have a full bladder for this exam.

### • X-Ray

No preparations for this exam. Women who are pregnant or suspect to be pregnant must inform our staff immediately. It is recommended that you do NOT have an X-Ray in the last 2 weeks of your menstrual cycle.

### • Bone Mineral Density

Do not take calcium supplements for 24 hours prior to your appointment. Please bring a list of medications from your pharmacy.

### • Mammogram

Please wear two pieces of clothing if possible, no deodorants, powders, lotions, or perfume on the day of your appointment.

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## Booking an appointment

## IMPORTANT NOTES

- ☐ All Ultrasounds, Bone Mineral tests and Mammograms are by appointment.
- ☐ We will do our best to accommodate urgent ultrasounds if requested by the referring physician and **only** if the appropriate preparation has been done.
- ☐ We require a minimum of 24 hours cancellation notice otherwise a \$100 charge will apply.
- ☐ We must have the requisition at the time of booking. All patients must have a valid health card and the original requisition at the time of your appointment.

### For X-Rays ordered by Chiropractors:

If the chiropractor **does** require an X-Ray report, there is a \$25 cash fee to cover the cost of the reporting radiologist.

## CLINIC LOCATION

- ☐ We are located on the corner of Glenwoods and Woodbine in the Walmart plaza behind TD Canada Trust.
- ☐ Ample Free parking spaces are available for our visitors, right in front of the clinic.



Fully  
Accessible



[www.keswickimaging.ca](http://www.keswickimaging.ca)

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs