QUANTUM
MEDICAL IMAGING SERVICES

Quantum Medical Imaging Services Inc.
Agincourt Professional Centre
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Tel: (416) 756-7667
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ontario breast screening program
a cancer care ontario program

Appt ID: **Patient ID:** **Ministry of Health requires a Health Card to be presented**

PATIENT INFO

Male ☐ **Female** ☐

Surname:
First Name:
Birthdate: dd / mm / yyyy

Health No: _____ **Version:** _____
Address: Apt #:
City: Postal:
Phone: Day: Cell: Res:

REFERRING PHYSICIAN

☐ **Verbal**
☐ **Fax**
☐ **Copy to:**

Clinical History:

Signature: _____

1 GENERAL ULTRASOUND

Preparations on other side

Appt Required Time ◷ Date dd/mm/yyyy

- ☐ a Abdomen, complete
- ☐ b Abdomen, limited
- ☐ c Female Pelvic transabdominal & transvaginal
- ☐ d Male Pelvic transabdominal only include pre & post-void volume
- ☐ e Prostate transrectal include kidney, pre & post-void volume
- ☐ f Scrotum
- ☐ g Thyroid & Neck
- ☐ h Parathyroid
- ☐ i Salivary Glands
- ☐ j Neonatal Hips

Areas of Interest:

LMP dd/mm/yyyy

- ☐ k Pregnancy, routine
- ☐ l Pregnancy, 18-20 wks
- ☐ m Pregnancy, high risk
- ☐ n Pregnancy, BPP, AFI, EFW Only
- ☐ o Pregnancy, 11-13 wks, NT for IPS

2 BREAST IMAGING

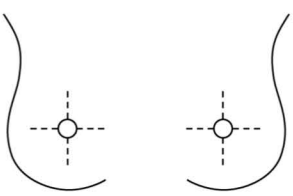
Preparations on other side

Appt Required Time ◷ Date dd/mm/yyyy

- ☐ a Contact patient directly if additional views required
- ☐ b Screening Mammogram with OBSP
  - ☐ Nurse exam required ☐ Nurse exam not required
- ☐ c Mammogram — ☐ *Right* ☐ *Left*
- ☐ d Coned/Magnification Views — ☐ *Right* ☐ *Left*
- ☐ e Ultrasound — ☐ *Right* ☐ *Left*

Please indicate location and size of lesion

Right **Left**



CANADIAN ASSOCIATION OF RADIOLOGISTS
MAMMOGRAPHY ACCREDITED

3 MUSCULO-SKELETAL ULTRASOUND

No Preparations Required

Appt Required Time ◷ Date dd/mm/yyyy

☐ a	Shoulder/AC Joint	☐ *Right* ☐ *Left*	☐ g	Hamstring	☐ *Right* ☐ *Left*
☐ b	Elbow	☐ *Right* ☐ *Left*	☐ h	Knee	☐ *Right* ☐ *Left*
☐ c	Wrist/Hand	☐ *Right* ☐ *Left*	☐ i	Calves	☐ *Right* ☐ *Left*
☐ d	Carpal Tunnel Syndrome	☐ *Right* ☐ *Left*	☐ j	Ankle/Foot	☐ *Right* ☐ *Left*
☐ e	Hip	☐ *Right* ☐ *Left*	☐ k	Achilles Tendon	☐ *Right* ☐ *Left*
☐ f	Groin Mass/Inguinal Area	☐ *Right* ☐ *Left*	☐ l	Plantar Fascia	☐ *Right* ☐ *Left*

4 VASCULAR & ECHOCARDIOGRAM

No Preparations Required

Accredited Vascular Laboratory — ICAVL

Appt Required Time ◷ Date dd/mm/yyyy

- ☐ a Carotid Duplex
- ☐ b Arterial Duplex / upper extremity
- ☐ c Arterial Duplex / lower extremity
- ☐ d Venous Duplex / upper extremity
- ☐ e Venous Duplex / lower extremity
- ☐ f **Adult Echocardiogram** ♥ Colour Doppler

5 BONE MINERAL DENSITY

Appt Required
No Preparations Required

Time ◷
Date dd/mm/yyyy

- ☐ Hip & Spine -high risk, annual
- ☐ Hip & Spine, first screening
- ☐ Hip & Spine - low risk, routine

Note: *OHIP does not cover the third and subsequent test done less 60 mos from previous study*

Prior BMD Date: dd/mm/yyyy

Allow 1week before having BMD Test after Nuclear Medicine Scan or a Barium Examination

SPINE & PELVIS

- ☐ Cervical Spine
- ☐ Cervical Spine, Flex & Ext
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Scoliosis Series
- ☐ Sacrum & Coccyx
- ☐ S-I Joints
- ☐ Pelvis Only
- ☐ Pelvis & Hips

SKELETAL SURVEY

- ☐ Arthritic
- ☐ Metastatic
- ☐ Bone Age

OTHER:

☐ _____

6 GENERAL RADIOGRAPHY

No Appt or Preparations Required

ABDOMEN

- ☐ KUB
- ☐ Acute ABD

CHEST

- ☐ Chest PA & LAT
- ☐ Chest PA Ins & Exp & Lat
- ☐ Chest PA
- ☐ Sternum
- ☐ Ribs & Chest PA
  - ☐ LT ☐ RT
- ☐ Immigration

UPPER EXTREMITIES

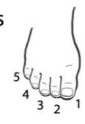
R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	AC Joints
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Digit

HEAD & NECK

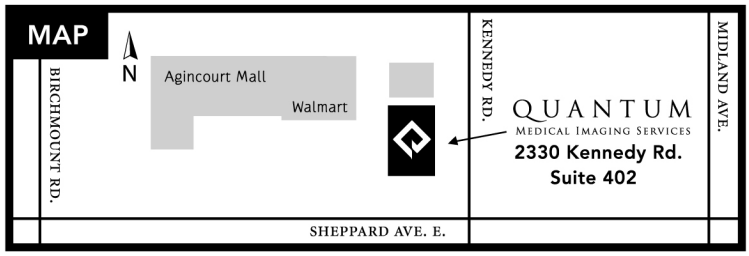
- ☐ Sinuses
- ☐ Skull
- ☐ Sella Turcica
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Adenoids
- ☐ Mastoids
- ☐ Neck for Soft Tissue
- ☐ Internal Auditory Meati
- ☐ Orbits

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tibia & Fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes



PATIENT PREPARATIONS



AMPLE FREE PARKING IS AVAILABLE

ULTRASOUND PREPARATIONS

☐ **ABDOMEN - ONLY**
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required)

上腹腔:檢查前一夜避免進食過量脂肪。
檢查前的8小時內避免攝入固體食物。
少量清流質食物尚可（應該根據醫生囑咐服用任何藥物)。

☐ **PELVIC ONLY - FEMALE & MALE**
One hour prior to exam, drink 4 cups of water (total 32 oz)
Do NOT empty bladder

下腹腔 – 女性和男性
檢查前一小時飲四杯水（共32盎司），但不可如廁

☐ **PROSTATE - TRANSRECTAL**
The evening before the examination, take a fleet enema (purchased at the drug store). One hour prior to exam, drink 4 cups of water (total 32 oz). Do not empty bladder.

前列腺 – 經直腸超聲波檢查
檢查前一晚使用灌腸劑(自行於藥房購買)
檢查前一小時飲四杯水(共32盎司），但不可如廁

☐ **ABDOMEN & PELVIC - SAME VISIT**
Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. One hour prior to the exam drink 4 cups of water (total 32 oz.). Do NOT empty bladder.

上腹腔及下腹腔
檢查前8小時內避免進食固體食物及過量脂肪。
少量清流質食物尚可。 檢查前一小時飲四杯水
(共32盎司),但不可如廁。

☐ **PREGNANCY**
One hour prior to the exam, drink the required amount of water:

under 12 weeks	4 cups (32oz)
12-24 weeks	3 cups (24oz)
over 24 weeks	2 cups (16oz)

驗孕: 檢查前一小時按下列定量飲水:

12星期以下	4杯(共32盎司)
12至24星期	3杯(共24盎司)
24星期以上	2杯(共16盎司)

☐ **Adult Echocardiogram, Scrotum, Thyroid & Neck, Parathyroid, Salivary Glands, Neonatal Hips, Musculo-Skeletal, Vascular Ultrasound –** No preparation required

成人心臟超聲波、陰囊、甲狀腺及頸部、甲狀旁腺、
唾液腺、初生嬰兒骨盤、肌肉骨骼超聲波、
以及血管超聲波 以上檢查不需要準備

BREAST IMAGING PREPARATIONS

We prefer to schedule the exam during the first 2 weeks following onset of menstruation. Do Not use body powders or deodorants on the day of the mammogram. No preparations required for breast ultrasounds.

乳房造影檢查前的準備工作:
檢查適宜於經期開始後首兩星期內進行。
乳房造影檢查當天不得使用爽身粉及除臭劑。
超聲波乳房檢查不需要任何準備。

APPOINTMENTS

- Please follow preparations carefully.
- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx 45 minutes for each exam.
- Please arrive 15 minutes prior to your schedule appointment time in order to register and to complete any necessary paperwork.
- 24 hours notice is required for cancellations.
- Reports will be sent to the referring physician within 2-3 days. Urgent cases will be forwarded as soon as possible.
- Ministry of Health guidelines restrict the release of reports directly to patients. Should you require to sign out your exam images to a specialist, please allow us 48 hours advance notice for packaging and handling.

檢查須知:
請嚴格按照檢查前準備工作的要求。
在以下情況下例如病人到達時間, 機器維修,
病人/設備重量接受能力之限制等,
我們保 留拒絕並且重新預約檢查時間的權利。
各項檢查需時約45分鐘。
請在約定時間前15分鐘到達以便辦理登記手續以及填寫任何必要的表格。取消檢查需要於24小時前通知。
報告將於2至3天內提交你的轉介醫生。緊急情況將儘早送達。
衛生局的規定限制將報告直接交給病人。
如果你需要外借您的X光片供專科醫生之用,
請於48小時前通知我們以便我們有時間包裝以及準備。