



**BEAMSVILLE**  
DIAGNOSTIC IMAGING

# Beamsville Diagnostic Imaging

4438 Ontario Street, Beamsville, ON L0R 1B5

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Other Location:

**Barclay Diagnostic Imaging**

589 Lake St., #104, St. Catharines, ON

905-934-3838 | Fax: 289-273-5856

www.barclayimaging.com

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_ PATIENT PHONE #: \_\_\_\_\_

D.O.B: \_\_\_\_\_ HEALTHCARD #: \_\_\_\_\_ VC: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REFERRING PHYSICIAN NAME: \_\_\_\_\_ CC PHYSICIAN: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ BILLING # \_\_\_\_\_

PHYSICIAN PHONE #: \_\_\_\_\_ PHYSICIAN FAX #: \_\_\_\_\_

REASON FOR TEST: \_\_\_\_\_

## ULTRASOUND

### OBSTETRICAL

- EARLY DATING
- NUCHAL TRANSLUCENCY (11 TO 14 WEEKS)
- ANATOMICAL ASSESSMENT
- GROWTH
- BIOPHYSICAL PROFILE
- LIMITED (I.E. FETAL PRESENTATION)
- HIGH RISK/COMPLICATIONS

### SMALL PARTS

- THYROID
- PAROTID
- SUBMANDIBULAR GLAND
- SOFT TISSUE FACE & NECK

### ABDOMEN/PELVIS

- ABDOMEN
- ABDOMEN LTD - SPECIFY: \_\_\_\_\_
- AORTA (AAA)
- KIDNEYS & BLADDER
- APPENDIX
- PELVIC  FEMALE  MALE
- TRANSVAGINAL
- PELVIC & TRANSRECTAL OF PROSTATE GLAND (TRUS)
- SCROTUM
- HERNIA ASSESSMENT
  - INGUINAL
  - ABDOMINAL WALL

### MUSCULOSKELETAL

- SHOULDER (R) (L)
- ELBOW (R) (L)
- WRIST (R) (L)
- HAND (R) (L)
- DIGIT # \_\_\_\_\_ (R) (L)
- ADULT HIP (R) (L)
- KNEE (R) (L)
- ACHILLES TENDON (R) (L)
- ANKLE (R) (L)
- FOOT (R) (L)
- TOE # \_\_\_\_\_ (R) (L)
- PLANTAR FASCIA (R) (L)
- LUMP/BUMP (R) (L)
- OTHER: \_\_\_\_\_

### VASCULAR

#### Done at Barclay Imaging

- CAROTID
- AORTA / ILIAC ARTERIES
- PORTAL VEIN
- A.B.I.
- LOWER EXTREMITY
  - ARTERIAL (R) (L)
  - VENOUS (DVT) (R) (L)
- UPPER EXTREMITY
  - ARTERIAL (R) (L)
  - VENOUS (DVT) (R) (L)
- OTHER: \_\_\_\_\_

## BONE DENSITY (DEXA)

- 1<sup>st</sup> Baseline BMD In Ontario
- Low Risk (2<sup>nd</sup> test - 36 months)
- Low Risk (3<sup>rd</sup>+ test - 60 months)
- High Risk (once every 12 months)

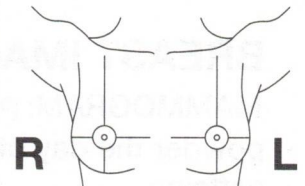
*IN ACCORDANCE WITH MINISTRY OF HEALTH ORDERING GUIDELINES*

## BREAST IMAGING - Done at Barclay Imaging

- BREAST ULTRASOUND (R) (L)
- SCREENING MAMMOGRAM (NON-OBSP)
- DIAGNOSTIC MAMMOGRAM (R) (L)
- IMPLANTS  YES  NO
- AND/OR CHECK REASON FOR TESTING:
  - LUMP  DISCHARGE  PAIN  SWELLING
- ADDITIONAL IMAGING IF TEST RESULT IS POSITIVE / ABNORMAL



OBSP - SCREENING MAMMOGRAM



Indicate area of concern on diagram

## X-RAY (no appointment required)

### CHEST

- CHEST P.A. & LAT.
- CHEST P.A. (R) (L)
- RIBS
- STERNUM

### ABDOMEN

- ABDOMEN
- ABDOMEN KUB

### HEAD & NECK

- SKULL
- SINUSES
- FACIAL BONES
- SOFT TISSUE OF NECK
- ORBITS FOR MRI
- MANDIBLE

### SPINE & PELVIS

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- SACRUM & COCCYX
- S.I. JOINTS
- PELVIS
- THORACOLUMBAR SPINE (SCOLIOSIS SERIES)
- SKELETAL SURVEY

### UPPER EXTREMITIES

- ACROMIOCLAVICULAR (A.C.)
- CLAVICLE (R) (L)
- HUMERUS (R) (L)
- SHOULDER (R) (L)
- ELBOW (R) (L)
- FOREARM (R) (L)
- WRIST (R) (L)
- HAND/DIGITS (R) (L)

### LOWER EXTREMITIES

- HIP (R) (L)
- FEMUR (R) (L)
- KNEE (R) (L)
- TIBIA & FIBULA (R) (L)
- ANKLE (R) (L)
- FOOT/TOES (R) (L)
- CALCANEUS (R) (L)

STAT  : \_\_\_\_\_