

REQUEST FOR EXAMINATION FORM

PATIENT PREPARATION FOR ALL TESTS ON REVERSE

Healthcare Provider Type: 🛛 GP	Specialist INP Chiropractor	Physiotherapist C	Dther:
Address:			nation/Indications:
Date of Birth:H	Alt. Phone: ealth Card #: Weight(kg):		
GENERAL ULTRASOUND		VASCULAR ULTRASOUND	
General	Soft Tissue	🗆 Carotid	Abdominal Aorta
 Abdoment Female Pelvis (Include Transvaginal if required) Transvaginal Abdomen/Pelvis Male Pelvis/Transrectal Obstetrical NT Scan (IPS) Early OBS/Dating Anatomical Scan (18-20 wks) 2nd/3rd Trimester Small Parts Thyroid Neck Sub Mandibular Giands Parotid Glands Testes/Scrotum Groin Chest & Back Pleural Effusion Chest (Lump/mass) Lump - lower back/abdomen 	 Breast Axilla Musculoskeletal R Shoulder Arm Elbow Forearm Wrist & Hands Hip joint/Great Trochanter Lumbar Sacral/Gluteal Region Hamstring/Thigh Others:	 Lower Extremity (Incl. Aorta, ABI, TBI) Upper Extremity Others: AV Dialysis Graft Renal Artery Mesenteric Arter ECHOC, (Incl. M-Mode Adult Echo Others: 	Exam Y ARDIOGRAPHY , 2D & Colour Doppler) Pediatric Echo CE: (ATTACH LABEL HERE)
BREAS	TIMAGING	_	(Signature)
Breast Imaging Examinations Control Routine Screening Breast Implants Diagnostic Mammogram Bilateral Bila	Right Left Indicate clinical findings on diagram	CPSO #: Fax #: Date: Copy to: Report Delivery Preference Fax I HRM	ence:
Unit 1, 605 Brock Street North Whitby, ON L1N 8R2	 ♥ 905-493-9447 (9HHS) ♥ 905-499-1440 ♥ Beception@DurbamMedical 	Centre com	DURHAM MEDICAL CENTRE

Reception@DurhamMedicalCentre.com

NOTES FOR PATIENT

ULTRASOUND PREPARATIONS

ABDOMEN ULTRASOUND

- Fat free dinner the night before the examination and no food/drink after midnight
- No dairy products or fried foods
- No smoking or chewing gum
- No carbonated drinks 12 hours prior to the exam

PELVIS, OBSTETRICAL ULTRASOUND

- Drink 4 glasses (1 Litre) of clear fluid (water, juice, black coffee/tea)
- Finish drinking 1 hour prior to the examination
- DO NOT VOID, a full bladder is necessary for the examination
- Please eat breakfast and lunch

TRANSRECTAL PROSTATE ULTRASOUND

- Follow the full bladder preparation
- Take a Fleet Enema 2-3 hours before your appointment time

ABDOMEN & PELVIC ULTRASOUND

(BOOKED TOGETHER)

- Fast overnight (follow above ABDOMINAL)
- Drink 4 glasses (1 Litre) of clear fluid (water, juice, black coffee/tea)

FOLLICULAR MONITORING

• Follow the full bladder preparation for the first appointmnet of each monthly cycle

RENAL (KIDNEY) ULTRASOUND

(INCLUDES BLADDER) • Follow the full bladder preparation

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FASTING PREPARATION

- Avoid eating fatty foods for 24 hours prior to your appointment time.
- Do not eat or drink anything for 6 hours prior to your appointment time.

FULL BLADDER PREPARATION

Males drink 1 litre (4 cups or 32 oz.)

Females drink 1.25 Litres (5 cups or 40 oz.)

- 2 hours before your appointment time, start drinking the required amount of water.
- Finish drinking the water 1 hour before your appointment

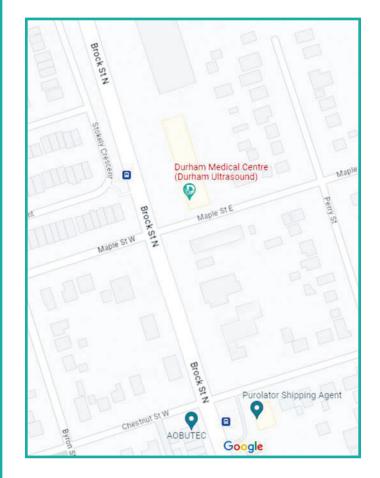
DO NOT EMPTY YOUR BLADDER BEFORE YOUR EXAMINATION.

PLEASE NOTE: IF YOUR BLADDER IS NOT FULL ON ARRIVAL, A WAIT OF 1-2 HOURS MAY BE REQUIRED OR YOU MAY HAVE TO RESCHEDULE.

MAMMOGRAM

DIGITAL MAMMOGRAPHY

- Please do not wear any deodorant, talcum powder or perfume on the day of your examination
- Where possible please wear a two piece outfit
- If you had any previous mammograms at another location, arrange to bring them with you for comparison on the day of your exam





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FOR APPOINTMENT BOOKING, PLEASE CALL 905-493-9447 (9HHS) OR FAX 905-499-1440