



QUANTUM™

MEDICAL IMAGING SERVICES

AGINCOURT PROFESSIONAL CENTRE
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MON-FRI: 8AM-5PM, SAT: 8AM-4PM
www.qmis.ca

REFERRING PHYSICIAN

- Verbal Fax
 Copy to:

Clinical History: _____

Signature: _____

GENERAL ULTRASOUND ¹

Preparations on other side

Appt Required Time Date dd/mm/yyyy

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

Areas of Interest:

- LMP dd/mm/yyyy
- m Pregnancy, routine
 - n Pregnancy, 18-20 wks
 - o Pregnancy, high risk
 - p Pregnancy, BPP, AFI, EFW Only
 - q Pregnancy, 11-13 wks, NT for IPS -also book 18-20 wks morphology scan

BREAST IMAGING ²

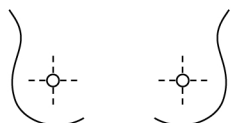
Preparations on other side

Appt Required Time Date dd/mm/yyyy

- a Contact patient directly if additional views required
- b Screening Mammogram OBSP 50-74 yrs of age Implants
- c Mammogram R L Implants
- d Coned/Magnification Views R L
- e Ultrasound, targeted* R L

*Mark area of concern below; not OHIP/CCO approved for screening

Right Left



Central East
Regional Cancer Program
Ontario Health (Cancer Care Ontario)



CANADIAN ASSOCIATION
OF RADIOLOGISTS
MAMMOGRAPHY ACCREDITED

PATIENT INFO

Appt ID: _____

Patient ID: _____

Surname: _____

First Name _____

Birthdate: _____

dd/mm/yyyy

Sex: _____

Health No: _____

Version: _____

Phone: Day: _____

Cell: _____

Res: _____

Address: _____

Appt #: _____

City: _____

Postal: _____

MINISTRY OF HEALTH REQUIRES A HEALTH CARD TO BE PRESENTED

G

R

S

(Office Use Only)

MUSCULO-SKELETAL ULTRASOUND ³

No Preparations Required

Appt Required Time Date dd/mm/yyyy

- a Shoulder/AC Joint R L
- b Elbow R L
- c Wrist/Hand R L
- d Carpal Tunnel Syndrome R L
- e Hip R L
- f Hamstring R L
- g Knee R L
- h Calves R L
- i Ankle/Foot R L
- j Achilles Tendon R L
- k Plantar Fascia R L

CARDIOVASCULAR ⁴

No Preparations Required

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



BONE MINERAL DENSITY ⁵

⁵

Appt Required **-CBMD***

Preparations on other side

Time

Date dd/mm/yyyy

- Hip & Spine -high risk, annual
- Hip & Spine, first screening
- Hip & Spine - low risk, routine
- Baseline - once in a lifetime in Ontario
- 2nd Test Low Risk T-Score > -1.0, 3 years after Baseline
- Subsequent Low Risk T-Score > -1.0, 5 years after 2nd Test
- Subsequent High Risk T-Score < -1.0, once per year
- Bone loss > 1% a year by prev BMD eligible for yearly testing

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:**

GENERAL RADIOGRAPHY ⁶

⁶

Appt Required *No Preparations Required*

Time Date dd/mm/yyyy

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

