



1757 Sherbrooke St.
 Peterborough, ON., K9K-0G1
 (Corner of Sherbrooke & Brealey)
 P: 705-874-6660 F: 705-874-6665
 Mon-Thurs. 9am-5pm
 Closed for lunch 12-1pm

Appointment: _____

Date: _____

Time: _____

A Requisition and Valid Health Card MUST be presented at time of appointment

<p>Pt. Name: _____</p> <p>Phone#: _____ DOB: _____</p> <p>HCN: _____ M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Indications and Clinical Information: _____</p> <p>_____</p>	<p style="text-align: center;">REFERRING PHYSICIAN</p> <p style="text-align: right;">_____ M.D/N.P.</p> <p style="text-align: right;">_____ C.C</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <p style="text-align: center;">Mandatory Signature</p> <p>Request of Urgent Reports:</p> <p>Verbal: <input type="checkbox"/> Tel: _____ Fax: _____</p>
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ULTRASOUND – Call for an Appointment

<p style="text-align: center;">SMALL PARTS</p> <p><input type="checkbox"/> Breast Bilateral</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Breast</p> <p>Unilateral</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Groin/Inguinal</p> <p><input type="checkbox"/> Testes/Scrotum</p> <p><input type="checkbox"/> Thyroid Gland</p> <p><input type="checkbox"/> Sub Mandib. Gland</p> <p><input type="checkbox"/> Parotid Gland</p> <p><input type="checkbox"/> Soft Tissue/Lump</p>	<p style="text-align: center;">GENERAL</p> <p><input type="checkbox"/> Kidneys</p> <p><input type="checkbox"/> GU</p> <p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Transvaginal</p> <p><input type="checkbox"/> Follicle Monitoring</p> <hr/> <p><input type="checkbox"/> OBS – 1st Trimester/Dating</p>	<p style="text-align: center;">MUSKULOSKELETAL</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Shoulder/AC Joint</p> <p><input type="checkbox"/> <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> <input type="checkbox"/> Wrist and Hands</p> <p><input type="checkbox"/> <input type="checkbox"/> Leg</p> <p><input type="checkbox"/> <input type="checkbox"/> Hip</p> <p><input type="checkbox"/> <input type="checkbox"/> Knee</p> <p><input type="checkbox"/> <input type="checkbox"/> Ankle/Foot</p> <p><input type="checkbox"/> <input type="checkbox"/> Achilles/Plantar Fascia</p>	<p style="text-align: center;">VASCULAR</p> <p><input type="checkbox"/> Aorta</p> <p><input type="checkbox"/> Carotid Doppler</p> <p><input type="checkbox"/> Upper Limb Arterial</p> <p><input type="checkbox"/> Upper Limb Venous - DVT</p> <p><input type="checkbox"/> Lower Limb Arterial</p> <p><input type="checkbox"/> Lower Limb Venous - DVT</p> <p><input type="checkbox"/> Ankle Brachial Index</p>
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X-RAY - No Appointment necessary

<p style="text-align: center;">HEAD AND NECK</p> <p><input type="checkbox"/> Neck for soft tissues</p> <p><input type="checkbox"/> Skull</p> <p><input type="checkbox"/> Sinuses</p> <p><input type="checkbox"/> Pre MRI Orbits</p> <p><input type="checkbox"/> Facial Bones</p> <p><input type="checkbox"/> Nose</p> <p><input type="checkbox"/> Mandible</p>	<p style="text-align: center;">ABDOMEN</p> <p><input type="checkbox"/> Supine & Erect</p> <p><input type="checkbox"/> KUB</p> <hr/> <p style="text-align: center;">CHEST</p> <p><input type="checkbox"/> Chest PA & LAT</p> <p><input type="checkbox"/> L <input type="checkbox"/> R Ribs</p> <p><input type="checkbox"/> Sternum</p>	<p style="text-align: center;">SPINE & PELVIS</p> <p><input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> Thoracic Spine</p> <p><input type="checkbox"/> Lumbar (L/S) Spine</p> <p><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="checkbox"/> Sacro Iliac (S.I.) Joints</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Pelvis & Hips (Bilat)</p>	<p style="text-align: center;">UPPER EXTREMITIES</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Clavicle</p> <p><input type="checkbox"/> <input type="checkbox"/> A.C. Joints</p> <p><input type="checkbox"/> <input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> <input type="checkbox"/> Humerus</p> <p><input type="checkbox"/> <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> <input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand</p> <p><input type="checkbox"/> <input type="checkbox"/> Digit 1 2 3 4 5</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand/Wrist</p> <p><input type="checkbox"/> <input type="checkbox"/> Forearm</p>	<p style="text-align: center;">LOWER EXTREMITIES</p> <p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/> Hip</p> <p><input type="checkbox"/> <input type="checkbox"/> Femur</p> <p><input type="checkbox"/> <input type="checkbox"/> Knee</p> <p><input type="checkbox"/> <input type="checkbox"/> Tibia & Fibula</p> <p><input type="checkbox"/> <input type="checkbox"/> Ankle</p> <p><input type="checkbox"/> <input type="checkbox"/> Foot</p> <p><input type="checkbox"/> <input type="checkbox"/> Toe 1 2 3 4 5</p> <p><input type="checkbox"/> <input type="checkbox"/> Calcaneus</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p>
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BONE MINERAL DENSITY – Call for an Appointment

<p><input type="checkbox"/> Baseline: Initial Test</p> <p><input type="checkbox"/> Follow up: High Risk, 1yr</p>	<p>Routine: <input type="checkbox"/> Initial 3yr F/U from Normal BMD</p> <p><input type="checkbox"/> 5yr Follow up from Normal BMD</p>
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CARDIOVASCULAR SERVICES Echocardiogram 48 Hour Holter ECG Ambulatory Blood Pressure Monitor

Exercise Stress Echocardiogram Dobutamine Stress Echocardiogram Treadmill Stress Test

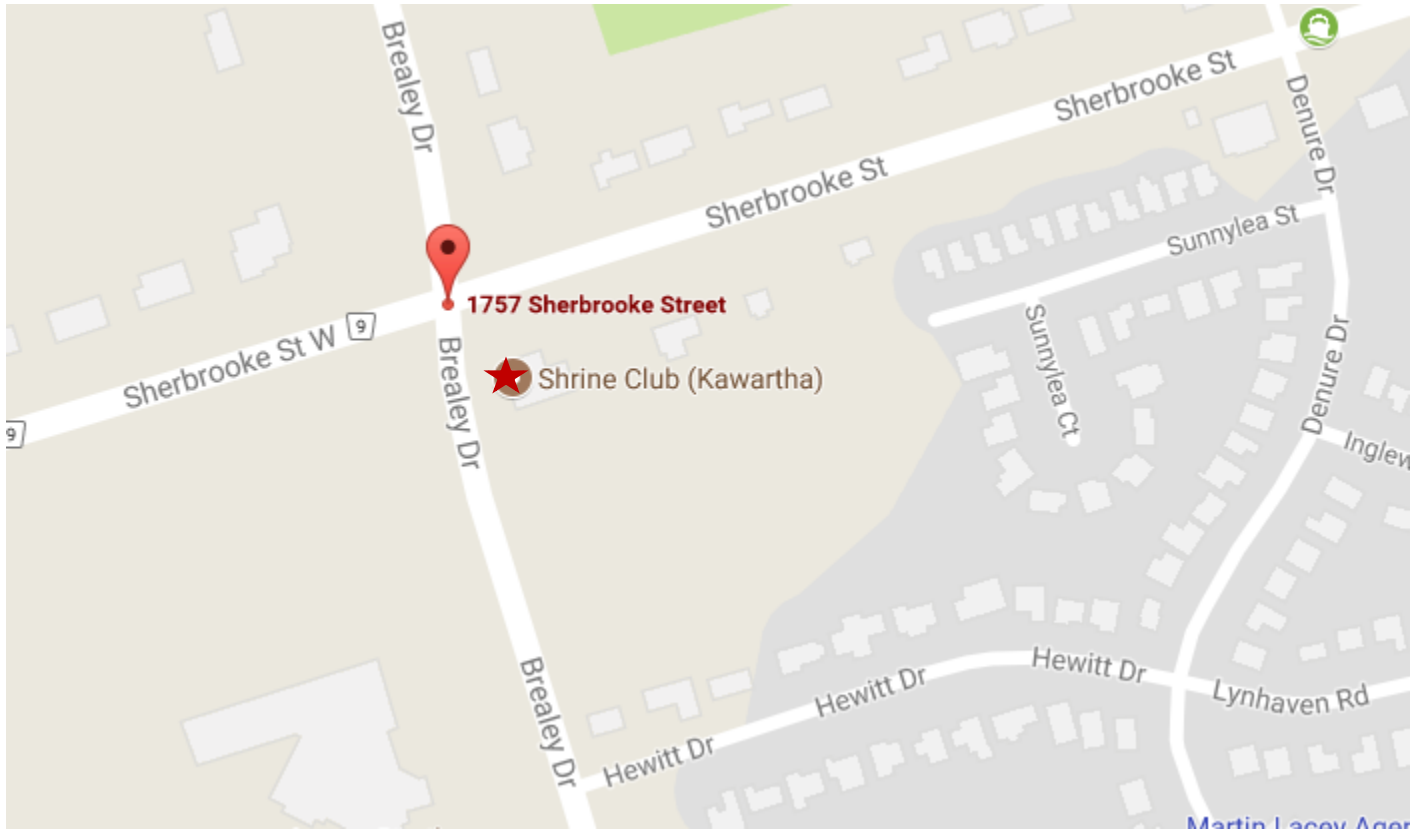
<p>NUCLEAR MEDICINE SERVICES (Call for an Appointment)</p> <p><input type="checkbox"/> Exercise Cardioliite (Sestamibi) <input type="checkbox"/> Rest Ventricular Function (MUGA)</p> <p><input type="checkbox"/> Persantine Cardioliite (Sestamibi) <input type="checkbox"/> Myocardial Viability (Thallium)</p> <p><input type="checkbox"/> Dobutamine Cardioliite (Sestamibi)</p>	<p style="text-align: center;">PHYSICIANS CONSULT</p> <p><input type="checkbox"/> Dr. A. Mahim <input type="checkbox"/> Dr. C. Knutson</p> <p style="text-align: right;"><input type="checkbox"/> Urgent</p>
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PLEASE NOTE: A requisition for Diagnostic Imaging is valid at any hospital or licensed imaging facility.

APEX Diagnostic Services

Located at the corner of Sherbrooke St. & Brealey Dr., in the old Shriner's Club, a Navy Blue building.

Patient Parking lot entrance and Front door is on Brealey Dr. Do NOT park in Sherbrook St. Parking lot.



Test Instructions

Obstetrical, Pelvic and Prostate Ultrasound:

- 1) 2 hours prior to exam empty your bladder and drink 4 FULL 8 ounce glasses of water.
- 2) Finish drinking 1 hour before examination. DO NOT EMPLTY YOUR BLADDER.

Abdomen/Pelvic combined:

- 1) Nothing by mouth 12 hours before exam.
- 2) 2 hours prior to exam, empty your bladder completely, and drink 4 FULL 8 ounce glasses of water.
- 3) Finish drinking the water 1 hour prior to your exam. DO NOT EMPTY YOUR BLADDER within 2 hours of exam.

Abdomen Ultrasound:

- 1) Nothing by mouth 12 hours prior to exam.
- 2) If you have essential medication that must be taken, a small amount of water is permitted.
- 3) For Insulin dependent diabetics only:
 - I. If you are asked to miss breakfast, take $\frac{1}{2}$ your normal dose of insulin.
 - II. If you have to miss any other meals contact your doctor for instructions.
 - III. Resume your normal diet following the exam.

Bone Mineral Density Study:

- 1) Wear clothing with no Metal in it. If you can wear a sports bra with no underwire in it.
- 2) Bring a current list of medications, including any vitamins.

Nuclear Cardiolite Study: (3-4 hours)

If you are pregnant, breast feeding, or suspect pregnancy, please notify the technologist before your test.

1. No food 2 hours prior to the test, water or juice is permitted.
2. Please do NOT consume any coffee, tea, de-cafeinated tea/coffee, caffeinated pop, or chocolate for 24 hours prior to test.
3. Take medications as normal, unless instructed to do otherwise by your doctor.
4. Do not take Viagra, Levitra, or Cialis for 72 hour prior to test.
5. Wear comfortable clothing and shoes appropriate for walking on the treadmill. Please wear a bra with no underwire in it.

Resting Ventricular Function (MUGA): *If you are pregnant, breast feeding, or suspect pregnancy, please notify the technologist before your test.* No prep required for this test.