



☐ 123 Edward Street	☐ Eglinton Ave East	☐ Eglinton Ave West
☐ Etobicoke	☐ Keele & Ingram	☐ Lawrence & Dufferin
☐ Mississauga	☐ Scarborough	☐ University Heights
☐ Woodbridge	☐ Belleville	☐ Port Hope

Appt. Date: DD / MM / YYYY

Appt. Day: **Mon Tue Wed Thu Fri Sat**

Appt. Time: _____

Please provide 24 hours' notice of cancellation. \$50 may be applied for missed appointments with no notice. Late arrivals may be re-scheduled.

PATIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal: _____

Date of Birth: DD / MM / YYYY Sex: ☐ **Male** ☐ **Female** Phone / Cell: () - Email: _____

Health Card #:

#	#	#	#	-	#	#	#	-	#	#	#	-	V	C
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REFERRING PHYSICIAN ☐ STAT ☐ VERBAL

Doctor's Name: _____ Doctor's Signature: _____ OHIP Provider ID: _____

Phone: _____ Fax: _____ Date Issued: DD / MM / YYYY

Address: _____

Copy to:

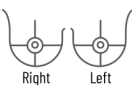
First Name	Last Name	Fax Number
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CLINICAL HISTORY: _____

ULTRASOUND

General Ultrasound ☐ Abdomen ☐ Abdomen & Pelvis ☐ K.U.B. ☐ PTV ☐ Pelvis ☐ Transvaginal ☐ Prostate/Transrectal ☐ Scrotum ☐ Thyroid ☐ Breast ☐ Chest Mass ☐ Axillary	Obstetrical ☐ Dating ☐ IPS NT (11-13.3 wks) ☐ OB Scan (18-20 wks) ☐ Third Trimester / BPP Doppler Vascular Studies ☐ Carotids ☐ Peripheral Arterial Upper ☐ Peripheral Arterial Lower ☐ Peripheral Venous Lower ☐ Peripheral Venous Upper ☐ Renal Arteries ☐ R ☐ L Peripheral Venous	Musculoskeletal ☐ Shoulder ☐ A.C. Joint ☐ Elbow ☐ Wrist & Hand ☐ Wrist (Carpal Tunnel) ☐ Hip ☐ Abdominal Wall (Hernia) ☐ Groin ☐ Other _____	Heart ☐ Quadriceps ☐ Hamstring ☐ Knee ☐ Calves ☐ Ankle ☐ Achilles tendon ☐ Foot ☐ Plantar Fascia ☐ Echocardiogram ☐ Holter (Port Hope)
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X - RAY

G.I. Tract ☐ B.A. Swallow ☐ G.I. Series (Upper) ☐ G.I. & Small Bowel ☐ Barium Enema Bone Densitometry ☐ Baseline ☐ Subsequent BMD Mammography ☐ OBSP* ☐ Diagnostic* Implants: ☐ Yes ☐ No *Bring previous films  Please indicate location & size of lesion	Head & Neck ☐ Skull ☐ Neck S Tissue ☐ Mastoids ☐ Facial Bones ☐ Nasal Bones ☐ Orbits (MRI) ☐ Mandible ☐ T.M. Joints Chest ☐ Chest ☐ Chest Visa ☐ Sternum ☐ Ribs ☐ R ☐ L Abdomen ☐ K.U.B. ☐ Acute (3V)	Upper Extremities ☐ A.C. Joint ☐ S.C. Joint B R L <table border="0"> <tr><td>☐</td><td>☐</td><td>☐</td><td>Shoulder</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Clavicle</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Scapula</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Humerus</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Elbow</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Forearm</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Wrist & Hand</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Wrist</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Hand</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Scaphoid</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Fingers</td></tr> </table> # <table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	☐	☐	☐	Shoulder	☐	☐	☐	Clavicle	☐	☐	☐	Scapula	☐	☐	☐	Humerus	☐	☐	☐	Elbow	☐	☐	☐	Forearm	☐	☐	☐	Wrist & Hand	☐	☐	☐	Wrist	☐	☐	☐	Hand	☐	☐	☐	Scaphoid	☐	☐	☐	Fingers	1	2	3	4	5	Lower Extremities B R L <table border="0"> <tr><td>☐</td><td>☐</td><td>☐</td><td>Hip</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Femur</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Knee</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Tibia & Fibula</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Ankle</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Ankle w/ stress view</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Foot</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Calcaneus</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>Toes</td></tr> </table> # <table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	☐	☐	☐	Hip	☐	☐	☐	Femur	☐	☐	☐	Knee	☐	☐	☐	Tibia & Fibula	☐	☐	☐	Ankle	☐	☐	☐	Ankle w/ stress view	☐	☐	☐	Foot	☐	☐	☐	Calcaneus	☐	☐	☐	Toes	1	2	3	4	5	Spine & Pelvis ☐ Cervical Spine ☐ Thoracic Spine ☐ Scoliosis Series ☐ Lumbo-Sacral Spine ☐ L/S Spine, Pelvis & SI Joints ☐ Sacrum & Coccyx ☐ SI Joints ☐ Pelvis & Hips ☐ Pelvis Skeletal Survey ☐ Metastatic Series ☐ Arthritic Series ☐ Bone Age Pregnant ☐ Y ☐ N
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For Office Use Only

Patient ID: _____ Accession #:

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☐ H/C ☐ MD ☐ Billings ☐ PACS ☐ Scan

Prior to Appointment:

- Arrive **15 minutes** early
- Bring your **REQUISITION**
- Bring your **HEALTH CARD**

All our services require a scheduled appointment. X-ray can be provided on a walk-in basis.
Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a **\$50 no-show fee**.
For the latest clinic information, or to book your appointment online, please visit bluewaterimaging.ca

123 EDWARD STREET

123 Edward Street, Suite 600
Toronto, ON M5G 1E2
South of University Health Network (UHN)
T: 416-597-1016 | F: 416-597-3342
E: booking@edwarddiagnostic.com
SERVICES: Ultrasound, X-Ray, Mammograms & OBSP,
Bone Mineral Density (BMD)

EGLINTON AVENUE EAST

150 Eglinton Avenue East, Suite 301
Toronto, ON M4P 1E8
On the north side of Eglinton, east of Yonge
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, X-Ray (walk-in only)

EGLINTON AVENUE WEST

2010 Eglinton Avenue West, Suite 100
Toronto, ON M6E 2K3
On the north side of Eglinton, west of Dufferin
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, X-Ray

ETOBICOKE

3170 Lake Shore Blvd West, Suite 101
Etobicoke, ON M8V 3X8
On the north side of Lake Shore, west of Kipling
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, X-Ray, Fluoroscopy

KEELE & INGRAM

2221 Keele Street, Suite 106
North York, ON, M6M 3Z5
On the west side of Keele, south of Lawrence Ave W
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, X-Ray

LAWRENCE & DUFFERIN

960 Lawrence Avenue West, Suite 203
North York, ON M6A 3B5
On the north side of Lawrence, west of Dufferin
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, X-Ray,
Bone Mineral Density (BMD), Mammograms & OBSP

MISSISSAUGA

2575 Dundas Street West, Unit 22
Mississauga, ON L5K 2M6
On the north side of Dundas, east of W Churchill Blvd
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular

SCARBOROUGH

1371 Neilson Road, Suite 309
Scarborough, ON M1B 4Z8
On the south east corner of Nielson Rd & McLevin Ave
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, X-Ray

UNIVERSITY HEIGHTS

1275 Finch Avenue West, Suite 114
North York, ON M3J 2G5
On the south side of Finch Ave W, east of Keele St
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Echocardiogram

WOODBIDGE

4600 Highway 7 West, Unit LL30
Woodbridge, ON L4L 4Y7
On the north side of HWY 7, west of Pine Valley Dr
T: 416-462-0064 | F: 416-781-1910
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, X-Ray (walk-in only),
Bone Mineral Density (BMD), Mammograms & OBSP

BELLEVILLE

210 Dundas Street East, Suite 301
Belleville, ON K8N 1E2
On the north side of Dundas St E, east of Pinnacle St
T: 613-968-5539 | F: 613-968-4650
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, X-Ray

PORT HOPE

249 Ontario Street, Suite 110
Port Hope, ON L1A 3Y9
South of the 401, on the east side of Ontario St
T: 905-885-9839 | F: 905-885-1998
E: callcenter@bluewaterimaging.ca
SERVICES: Ultrasound, Vascular, Echocardiogram, Holters,
X-Ray, Bone Mineral Density (BMD), Mammograms & OBSP

ULTRASOUND

Abdomen Includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS, and AORTA:

MORNING APPOINTMENT (Before 1PM): No solid foods or liquids after midnight (fasting)
AFTERNOON APPOINTMENT (After 1PM): You may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch as an empty stomach is required.

Pelvis or Prostate: Finish drinking (32 oz/1 litre) of water 1 HOUR before your appointment. DO NOT go to the washroom until after the exam is complete.

Abdomen and Pelvis / Prostate, or Renal Arteries:

Nothing to eat or drink after midnight. Finish drinking (32 oz/1 litre) of water 1 HOUR before your appointment. DO NOT go to the washroom until after the exam is complete.

Prostate / Transrectal:

1. Purchase a FLEET ENEMA from a pharmacy. Follow the instructions in the package. Take the ENEMA two hours before appointment time.
2. Finish drinking (32 oz/1 litre) of water 1 HOUR before your appointment. DO NOT go to the washroom until after the exam is complete.

OB - Dating, NT or Anatomy: Finish drinking (32 oz/1 litre) of water 1 HOUR before your appointment. DO NOT go to the washroom until after your exam is complete. You may eat regularly.

OB - Biophysical Profile (BPP): eat something small 30 minutes before exam.

Musculoskeletal Ultrasound, Transvaginal Ultrasound, Breast Ultrasound, Echocardiogram (heart), Thyroid (neck), Doppler: No preparation necessary.

X - RAY

X-Ray — If there is a possibility you may be pregnant, please contact your physician prior to the X-Ray.

Upper G.I. Series, Small Bowel Follow Through & BA Swallow:

Nothing to eat or drink after midnight. Patients are expected to fast through to the end of the procedure. (Booked for morning only)

Note: Small Bowel Follow Through: Patients must stay at facility for up to 2 hours; imaging will be done throughout the entire time.

Barium Enema (Large bowel X-Ray): Starting the day before exam: All meals are clear fluid diet only; clear fruit juice, bouillon, tea, Jell-O. No cream or fruit. Drink lots of water. The total fluid intake should be at least six 8 oz. glasses. At 6:00 pm, take 1/2 bottle of Magnesium Citrate (Citromag). If no result by 8:00 pm, take remaining 6 oz. and 2 Dulcolax tablets with 2 glasses of water. On the morning of the exam, use a **Dulcolax** rectal suppository. A glass of clear fluids is allowed. Be sure to DRINK ALL FLUID SPECIFIED.

Mammography: On the day of the exam: After showering, do not use deodorant, antiperspirant or talcum powder under the arms or on chest, as these particles may show up on the mammogram. Please wear a 2-piece outfit for your comfort.

Bone Mineral Densitometry: Do not wear any metal in or on clothing, e.g. zippers, underwire bras, etc. Females, please wear a 2-piece outfit. Do not take calcium supplements at least 24 hours prior to your test. Bring a list of supplements/medications with you. BMD to be performed at the same clinic previous was done for comparison purposes.



- ✓ Location services, hours and directions
- ✓ Request an appointment online
- ✓ Test preparation instructions
- ✓ Online requisitions

- ✓ Screening precautions and infection prevention
- ✓ Access your radiology images and results
- ✓ Satisfaction survey
- ✓ Join our team