

Kawartha Imaging

LINDSAY ULTRASOUND & XRAY

Date:

Time:

86 Angeline St. S. Ste. 102 Lindsay On K9V 3L5

Main Line: 705-324-0101 - Line 2: 705-324-3164 - Fax: 705-324-0105

www.lindsayultrasoundxray.calindsayultrasoundxray@gmail.comURGENT ☐Verbal
Contact # ☐

X - RAY

Abdomen

- ☐ Single View (K.U.B.)
☐ Acute (3 Views)

Head & Neck

- ☐ Skull
☐ Adenoids
☐ Soft Tissues of neck
☐ Pit. Fossa
☐ Mastoids
☐ I.A. Meat
☐ Facial Bones
☐ Nasal Bones
☐ Orbits
☐ Mandible
☐ T.M. Joints

I Verify to the best of my
knowledge that I am not
pregnant

Clinical Information:

Chest

- ☐ Chest
☐ Ribs
☐ Sternum
☐ Sterno-Clavicular
Joints
☐ Thoracic Inlet
Spine & Pelvis
☐ Cervical Spine
☐ Dorsal Spine
☐ Lumbar (L/S) Spine
☐ Sacrum-Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Scoliosis Series

Skeletal Survey

- ☐ Metastatic Series
☐ Arthritic Series
☐ Metabolic Series

Lower Extremities

- ☐ ☐ Hip
☐ ☐ Femur
☐ ☐ Knee
☐ ☐ Tib & Fib
☐ ☐ Ankle
☐ ☐ Foot
☐ ☐ Calcaneus
 Toes 1 2 3 4 5



Upper Extremities

- ☐ ☐ Shoulder
☐ ☐ Clavicle
☐ ☐ A.C. Joint
☐ ☐ Scapula
☐ ☐ Humerus
☐ ☐ Elbow
☐ ☐ Forearm
☐ ☐ Wrist
☐ ☐ Hand
☐ ☐ Scaphoid

Fingers 1 2 3 4 5



Ultrasound

GENERAL

- ☐ Abdomen ☐ Ltd Abd
☐ Pelvis: Pre-Post Void (Bladder only)
☐ Female Pelvis
☐ Transvaginal
☐ Renal / Bladder only
☐ Male Pelvis
☐ Prostate-Transrectal
☐ ☐ Breast ☐ Testicular/Scrotal
☐ Thyroid ☐ Neck

OBSTETRICAL

- ☐ Obstetrical - Dating
☐ Nuchal Translucency (IPS)
☐ Obstetrical - High Risk
☐ Obstetrical - Anatomy Scan
☐ Obstetrical + Biophysical Profile

Musculoskeletal

- ☐ ☐ Hip ☐ ☐ Shoulder
☐ ☐ Hamstring ☐ ☐ Elbow
☐ ☐ Knee ☐ ☐ Wrist
☐ ☐ Achilles Tendons ☐ ☐ Hand
☐ ☐ Ankle ☐ ☐ Hernia
☐ ☐ Foot ☐ ☐ Other
☐ ☐ Other
SoftTissue

Vascular

- ☐ Carotid
☐ Arterial Upper Ext. (bilateral only)
☐ Arterial Lower Ext. (bilateral only)
☐ ☐ Venous Upper Ext. (DVT only)
☐ ☐ Venous Lower Ext. (DVT only)

Physician
Billing #

Fax Number:

Referred By

MD

CC

signature

OHIP Number

Patient's Last Name (please print)

Patient's First Name

Appointment Time

Patient's Birth Date

Sex

Patient's Phone No.

DD MM YY

M | F

Patient's Address

DATE:

Incomplete requests will be returned,
resulting in delay of booking

PLEASE BRING YOUR REQUISITION AND HEALTH CARD
FOR PREPARATION AND DIRECTIONS PLEASE TURN OVER

Patients more than 15 minutes
late may result in rebooking