



**St. Thomas Elgin
General Hospital**

For APPOINTMENTS, CALL (519) 631-2020
Ext 2322
Mon- Fri Only Between 8:00AM – 4:00PM
FAX (519) 631-8842

APPOINTMENT DATE AND TIME

PATIENT INFORMATION

Last Name _____ First Name _____
Address _____ DOB _____
(YY/MM/DD)
(H) Phone # _____ (C) Phone# _____
Health Card # _____ VC _____

WSIB Yes
Date of injury _____
Claim # _____

Mobility Issues/Special Needs
Yes

Important: Please bring your health card. No children allowed in the exam room. Please arrange child care.

X-RAY- Walk-ins Welcome from 0700-16:30 Mon-Fri Sat 9am-4pm

HEAD & NECK

- Nasal Bones
- Facial Bones
- Soft Tissue of Neck
- Orbits for MRI
- Orbits- Routine
- Mandible
- TM Joints
- Skull

CHEST

- Chest PA & LAT
- Lordotic View
- Insp/Exp Views
- Ribs R L

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar/Sacral Spine
- Sacrum & Coccyx
- S.I. Joints
- Pelvis
- Scoliosis Series

SURVEY

- Bone Age
- Skeletal Survey (requires an apt)
- Abdomen**
- KUB/Abdomen (1 view)
- Acute (3views)

UPPER EXTREMITIES

- R L**
- Shoulder
 - Clavicle
 - AC Joint
 - SC Joints
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Finger _____

LOWER EXTREMITIES

- R L**
- Hip
 - Hips to ankles (requires an apt)
 - Hip (washer view)
 - Femur
 - Knee
 - Knee (ortho view)
 - Patella
 - Tibia & Fibula
 - Ankle
 - Foot
 - Calcaneus
 - Toe _____

ULTRASOUND

All Tests Below Require an Appointment

BMD

GENERAL

- Abdomen
- Bilateral Kidneys
- KUB US
- Bladder Pre/Post Void
- Female Pelvis (proceed to TV if necessary)
- Pelvis-male
- Scrotal
- Thyroid
- Neck
- Groin R L
- Inguinal hernia R L
- Umbilical hernia
- Ventral hernia
- Soft Tissue Mass

VASCULAR

- Carotid
- Portal Vein
- Venous Doppler** (R/O DVT)
- R Arm L Arm
- R Leg L Leg
- Leg Reflux**
- R Leg L Leg

MUSCULOSKELETAL

- Shoulder R L
- Bicep R L
- Knee R L
- Achilles R L
- Other _____

OBSTETRICAL

- LMP _____ EDC _____
- Current GA _____
- Low Risk**
- Dating
- Screening eFTS
- Routine
- OB High Risk**
- Twins
- Biophysical Profile
- Growth
- Fluid
- Presentation
- Doppler
- Cervical Length
- SPECIALS**
- Biopsy _____
- Localization
- Trans Rectal US

BMD

- Steroid use
- Osteoporosis meds
- 1st Baseline BMD
- Low Risk (2nd test-36 mnths)
- Low Risk (3rd test-60 mnths)
- High Risk (once every 12 mnths)
- Please attach reports done outside of STEGH
- Please bring list of medications.
- Do not wear any metal in clothing

Specials

- UGI
- Modified Swallow
- SBFT
- Cystogram
- Hysterosalpingogram

REASON FOR EXAM/CLINICAL HISTORY

Ordering Provider _____
Billing# _____

Signature _____

URGENT (Contact #) _____

The radiologist may alter orders if symptoms warrant a different test