KING CITY | X-RAY ULTRASOUND & VASCULAR LAB

X-Ray & Ultrasound Requisition

Ultrasound:
Mon to Fri: 8:30 am – 5:00 pm
Saturday: 8:30 am – 4:30 pm
Sunday: Closed
X-Rays: Mon – Fri 9:00 – 5:00 pm)

Unit 56, 1700 King Road,
King City, ON, L7B 1G2
TEL: (905)-539-0555
FAX: (905)-539-0559
info@kingcityimaging.ca
www.kingcityimaging.ca

ULTRASOUND

ABDOMEN PELVIS
☐ Complete Abdomen
☐ Female Pelvis (Incl. Transvaginal unless contraind.)
☐ Male pelvis ☐ KUB
☐ TRP (Transrectal Prostate) + Male Pelvis

OBSTETRICS
☐ Early Dating Exam
☐ FTS (First Trimester Screening) – (eFTS / IPS)
☐ 18-20 Week Anatomical Assessment Exam
☐ OB-BPP: Biophysical Profile, Fetal Dopplers

SUPERFICIAL STRUCTURES
☐ Neck ☐ Thyroid / Parathyroid ☐ Submand. G
☐ Face ☐ Parotids
☐ Scrotum ☐ Inguinal Hernia

MSK

Shoulder	☐ Rt ☐ Lt	Knee	☐ Rt ☐ Lt
Elbow	☐ Rt ☐ Lt	Ankle	☐ Rt ☐ Lt
Wrist	☐ Rt ☐ Lt	Foot	☐ Rt ☐ Lt
Hip	☐ Rt ☐ Lt		

VASCULAR ☐ **Vascular Consult** (if abnormal)
☐ Carotids ☐ Aorta, AAA
☐ Vascular Screening (Carotids, Aorta, Iliacs, Legs, ABI/TBI)
☐ Legs Arterial Doppler (Aorta, Iliacs, Legs, ABI/TBI)
☐ Legs Venous Doppler (IVC, Iliacs, Legs)
☐ Arms Arterial Doppler
☐ Arms Venous Doppler
☐ Renal ☐ AV Fistula / Graft
☐ **Echocardiogram** ☐ **ECG**
☐ 72-hr Holter ☐ 14-day Holter
AXILLA ☐ **Rt** ☐ **Lt**

☐ **BREAST US** ☐ RT  ☐ LT 

☐ **MAMMOGRAPHY**

BMD:

☐ Baseline
☐ High Risk (1 year)
☐ First follow up (3 years)
☐ Low Risk (5 years)

LABEL
Patient Name: _____
Health Card No.: _____
Telephone #: _____

X-RAYS

1. **ABDOMEN**
☐ Single View (KUB) ☐ Acute (Includes PA, Chest)

2. **HEAD & NECK**
☐ Skull ☐ Sinuses ($ charge) ☐ Orbits
☐ Facial Bones ☐ Nasal Bones ☐ Sella Turcica
☐ Mandible ☐ Adenoids ☐ Mastoids
☐ Soft Tissues Neck ☐ T. M. Joints

3. **CHEST**
☐ Chest (PA & Lateral)
☐ Ribs _____ (Includes PA, Lateral)
☐ SC Joints

4. **SKELETAL SURVEY**
☐ Metastatic Series
☐ Metabolic Series
☐ Arthritic Series

5. **SPINE & PELVIS**
Spine: ☐ Cervical ☐ Thoracic ☐ Lumbo-Sacral
☐ L-S Spine, Pelvis & S.I. Joints
☐ Sacrum & Coccyx ☐ S. I. Joints
☐ AP Pelvis
☐ Pelvis & Hip

6. **UPPER LIMBS**

Shoulder	☐ Rt ☐ Lt	Clavicle	☐ Rt ☐ Lt
A.C. Joints	☐ Rt ☐ Lt	Scapula	☐ Rt ☐ Lt
Humerus	☐ Rt ☐ Lt	Elbow	☐ Rt ☐ Lt
Forearm	☐ Rt ☐ Lt	Wrist	☐ Rt ☐ Lt
Scaphoid	☐ Rt ☐ Lt	Hand	☐ Rt ☐ Lt

Digits ☐ **RT** 1 2 3 4 5 ☐ **LT** 1 2 3 4 5

7. **LOWER LIMBS**

Hip	☐ Rt ☐ Lt	**Femur**	☐ Rt ☐ Lt
Knee	☐ Rt ☐ Lt	Knee Standing	☐ Rt ☐ Lt
Tib & Fib	☐ Rt ☐ Lt	Ankle	☐ Rt ☐ Lt
Foot	☐ Rt ☐ Lt	Heel	☐ Rt ☐ Lt

Toes ☐ **RT** 1 2 3 4 5 ☐ **LT** 1 2 3 4 5

8. **OTHER VIEWS** _____

Clinical Data: _____
_____

Physician Name : _____ **Billing / Provider #** _____
Physician Signature: _____ **Telephone:** _____
Clinic Name / Address _____ **Fax no.** _____
Copies to (Physician Name): _____ **Fax no.** _____