ROSSLAND DIAGNOSTIC CLINIC

300 Rossland Road East, Suite 102, 1st Floor, Ajax, ON, L1Z 0M1
contact@rosslandrc.ca • www.rosslandic.ca
Tel: 905.426.3111 • Fax: 905.426.7138
Dynacare Blood Lab Facility On-Site • Free Parking On-Site

PATIENT INFORMATION

Last Name: _____ First Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Cell: _____
Health Card#: _____ DOB: _____ Age: _____
E-mail: _____ Gender: _____

REFERRING PHYSICIAN

Name of Dr.: _____
Address: _____
Phone: _____ Fax: _____
Billing #: _____ CPSO#: _____
Copy to: _____
Signature: _____ ☐ STAT

Clinical History:

X-RAY

CHEST
- ☐ PA and LAT
- ☐ PA (TB Screening)
- ☐ R Ribs + Chest PA
- ☐ L Ribs + Chest PA
- ☐ Sternum

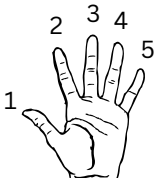
HEAD + NECK
- ☐ Skull
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ TM Joints
- ☐ Soft Tissue - Neck
- ☐ Orbits
- ☐ Orbits Pre MRI / FB

ABDOMEN
- ☐ KUB
- ☐ Acute Abdomen (Inc. PA chest)

OTHER: _____

SPECIAL VIEWS
- ☐ Weight Bearing Views

SPINE +PELVIS
- ☐ Scoliosis Series
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum + Coccyx
- ☐ S-I Joints
- ☐ Pelvis
- ☐ Hip ☐ R ☐ L
- ☐ R Hip + Pelvis
- ☐ L Hip + Pelvis



UPPER EXTREMITIES

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	AC Joints
☐	☐	SC Joints
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Fingers ☐1 ☐2 ☐3 ☐4 ☐5
☐	☐	Bone Age

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tibia + Fibula
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes ☐1 ☐2 ☐3 ☐4 ☐5

ULTRASOUND

OBSTETRICAL
- ☐ Dating (<16*wks*)
- ☐ NT/ IPS (*11-14 wks*)
- ☐ Full Anatomy (*18-22 wks*)
- ☐ Biophysical Profile
- ☐ High Risk
- ☐ **Twins**

GENERAL ULTRASOUND
- ☐ Abdomen Complete
- ☐ Abdomen + Pelvic Complete
- ☐ Abdominal Wall / Hernia Assessment
- ☐ Limited Abdomen (Liver and Bladder)
- ☐ Kidneys + Bladder
- ☐ Inguinal/Groin ☐ R ☐ L

PELVIS
- ☐ Female Pelvic
  - ☐ Transvaginal
- ☐ Male Pelvic
  - ☐ Prostate Transrectal

MUSKULOSKELETAL

R	L	
☐	☐	Shoulder
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hand
☐	☐	Hip
☐	☐	Knee
☐	☐	Ankle
☐	☐	Achilles Tendon
☐	☐	Plantar Fascia
☐	☐	Foot

SMALL PARTS
- ☐ Thyroid
- ☐ Neck
- ☐ Scrotum
- ☐ Lumps/Masses

OTHER: _____

VASCULAR ULTRASOUND

ABDOMINAL /HEAD/NECK
- ☐ Abdominal Aorta / Aortoilliac
- ☐ Carotid
- ☐ Renal

EXTREMITIES

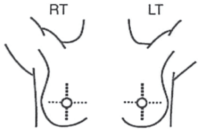
Venous (Incl. DVT)	Arterial (Incl. ABI)
☐ Upper	☐ Upper
☐ Lower- Deep Veins	☐ Lower
☐ Lower- Superficial	

BONE MINERAL DENSITY (DEXA)

☐ Baseline	*Once in a lifetime*
☐ 2nd Test Low Risk	*3 yrs after baseline*
☐ Subsequent Low Risk	*5 yrs after 2nd test Low Risk*
☐ Subsequent High Risk	*Can be requested annually*

BREAST IMAGING

Mammogram	Ultrasound	
☐ Right	☐ Right	☐ Implants
☐ Left	☐ Left	☐ OBSP
☐ Bilateral	☐ Bilateral	



Other: _____

CARDIOLOGY

CARDIOLOGY DIAGNOSTIC TESTING
- ☐ 12-Lead ECG

Stress
- ☐ Exercise Stress Test (GXT)
- ☐ Exercise Stress Echo

Echocardiogram
- ☐ 2D Echo (TTE)
- ☐ Pediatric Echo (TTE)

CARDIOLOGY MONITORING TESTING

Holter
- ☐ 48 hrs ☐ 72 hrs ☐ 7 Days

Blood Pressure Monitoring
- ☐ 24hr ABPM ($60.00- Non-Ohip)

CARDIOLOGY CONSULTATION - DR. B. AYACH AND TEAM
- ☐ First Available ☐ Urgent

NUCLEAR CARDIOLOGY

Myocardial Perfusion Imaging (MPI) (with ventricular function)
- ☐ Exercise SPECT
- ☐ Persantine SPECT

Ventricular Function
- ☐ Myocardial Wall Motion (MUGA) (with ejection fraction) SPECT

OTHER: _____

All cardiac consultations will be in partnership with Durham Cardiology and Heart Health Institute ****Critical abnormalities will be reviewed in consultation****