



ROYAL VIEW XRAY & ULTRASOUND
 Suite 103, 1436 Royal York Rd., Etobicoke, ON M9P 3A9
 Phone: 416-247-5486
 Fax: 416-247-5487
 Mon-Thurs 8am-6pm
 Fri 8am-3pm
 Sat 8am-2pm



Ultrasound Available 7am
 X-RAY OPEN 8 A.M

APPOINTMENT

Date: _____

Time: _____

trsxrayultrasound.ca

PATIENT		OHIP#:	REFERRING PHYSICIAN <input type="checkbox"/> STAT (4hrs turnaround)		
Last Name:					
First Name:		Tel:	NAME OF DOCTOR	PHONE	FAX/EMERGENCY TEL.
Sex: F M		DOB:	<input type="checkbox"/> COPY TO <input type="checkbox"/> Request CD		
			DOCTOR'S SIGNATURE	NAME	FAX#

PATIENT HISTORY	<p>X-Ray Pregnancy Release</p> <p>X-Ray Pregnancy Release From:</p> <p>I declare to the best of my knowledge that I am NOT presently pregnant.</p> <p>_____</p> <p>SIGNATURE</p>
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X-RAY

HEAD & NECK	CHEST	SPINE & PELVIS	UPPER EXTREMITY	LOWER EXTREMITY
<input type="checkbox"/> Skull <input type="checkbox"/> Mastoids <input type="checkbox"/> Sella Turcica <input type="checkbox"/> Sinuses <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Mandible <input type="checkbox"/> TM Joints <input type="checkbox"/> Adenoids <input type="checkbox"/> Orbits	<input type="checkbox"/> Chest PA & Lateral <input type="checkbox"/> Chest PA <input type="checkbox"/> Ribs & Chest PA <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Sternum <input type="checkbox"/> Sterno-Clavicular Joints ABDOMEN <input type="checkbox"/> KUB <input type="checkbox"/> Acute	<input type="checkbox"/> Cervical <input type="checkbox"/> Cervical Dynamics <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Lumbar, Pelvis, SI Joints <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> SI Joints <input type="checkbox"/> Pelvis <input type="checkbox"/> Arthritic Series <input type="checkbox"/> Metastatic Series <input type="checkbox"/> Scoliosis <input type="checkbox"/> Spine - 3 Foot Image	<input checked="" type="checkbox"/> <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> <input type="checkbox"/> Clavicle <input checked="" type="checkbox"/> <input type="checkbox"/> AC Joints <input checked="" type="checkbox"/> <input type="checkbox"/> Scapula No. 1 2 3 4 5 <input checked="" type="checkbox"/> <input type="checkbox"/> Humerus <input checked="" type="checkbox"/> <input type="checkbox"/> Elbow <input checked="" type="checkbox"/> <input type="checkbox"/> Forearm <input checked="" type="checkbox"/> <input type="checkbox"/> Wrist <input checked="" type="checkbox"/> <input type="checkbox"/> Scaphoid <input checked="" type="checkbox"/> <input type="checkbox"/> Hand <input checked="" type="checkbox"/> <input type="checkbox"/> Digits # 1 2 3 4 5 <input checked="" type="checkbox"/> <input type="checkbox"/> Bone Age	<input checked="" type="checkbox"/> <input type="checkbox"/> Pelvis and Hips <input checked="" type="checkbox"/> <input type="checkbox"/> Hip <input checked="" type="checkbox"/> <input type="checkbox"/> Femur <input checked="" type="checkbox"/> <input type="checkbox"/> Knee <input checked="" type="checkbox"/> <input type="checkbox"/> Knee & Skyline Patella <input checked="" type="checkbox"/> <input type="checkbox"/> Tibia Fibula <input checked="" type="checkbox"/> <input type="checkbox"/> Ankle <input checked="" type="checkbox"/> <input type="checkbox"/> Foot <input checked="" type="checkbox"/> <input type="checkbox"/> Toes # 1 2 3 4 5 <input checked="" type="checkbox"/> <input type="checkbox"/> Os Calcis <input checked="" type="checkbox"/> <input type="checkbox"/> Leg Length Discrepancy (Pediatric Patients)

ABDOMEN	PELVIS	ULTRASOUND OBSTETRICS	MUSCULOSKELETAL	NECK
<input type="checkbox"/> Complete <input type="checkbox"/> Kidney and Bladder <input type="checkbox"/> Hernia R <input type="checkbox"/> L	<input type="checkbox"/> Male Pelvis <input type="checkbox"/> Transrectal <input type="checkbox"/> Female Pelvis Pelvic/ <input type="checkbox"/> Transvaginal <input type="checkbox"/> Abdominal+Pelvic+TV <input type="checkbox"/> Scrotum	<input type="checkbox"/> OB Dating (<16 wks) <input type="checkbox"/> NT scan (IPS) <input type="checkbox"/> OB 18-20 Wks <input type="checkbox"/> Biophysical Profile <input type="checkbox"/> OBS Twins <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> <input type="checkbox"/> AC Joints <input checked="" type="checkbox"/> <input type="checkbox"/> Elbow <input checked="" type="checkbox"/> <input type="checkbox"/> Wrist/Hand <input checked="" type="checkbox"/> <input type="checkbox"/> HIP <input checked="" type="checkbox"/> <input type="checkbox"/> Knee <input checked="" type="checkbox"/> <input type="checkbox"/> Ankle/Achilles Tendon	<input type="checkbox"/> Thyroid <input type="checkbox"/> Salivary Glands <input type="checkbox"/> Lump

<input type="checkbox"/> CARDIOLOGIST CONSULTATION Reason for referral: _____	CARDIOLOGY SERVICES
ECHO INDICATIONS <input type="checkbox"/> Aortic Dissection <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> Trauma <input type="checkbox"/> Infective Endocarditis <input type="checkbox"/> Risk Stratification <input type="checkbox"/> Viability Study <input type="checkbox"/> Murmur	<input type="checkbox"/> Prosthetic Valves, Valve Repairs & Annuloplasty Rings <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Cardiac Resynchronization Optimization <input type="checkbox"/> Cardiac Mass <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Pre-Chemotherapy <input type="checkbox"/> Congenital Heart Disease
<input type="checkbox"/> Left Ventricular Function <input type="checkbox"/> Increased Shortness of breath <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Chest Pains <input type="checkbox"/> Pre Op or Post Op Assessment <input type="checkbox"/> Aortic Stenosis <input type="checkbox"/> Mitral Stenosis <input type="checkbox"/> Valve Regurgitation	

We are proud to be a CCN (Cardiac Care Network) Accreditation Facility