



**BOLTON
MEDICAL
IMAGING**



CLINIC HOURS

Mon-Fri: 8:00 AM to 6:00 PM
Saturday: 8:00 AM to 4:00 PM
Sunday : 9:00 AM to 1:00 PM

FREE PARKING



170 MCEWAN DRIVE EAST, SUITE 104, BOLTON, ON L7E 4C8 • 905-857-0779 • FAX: 905-857-8177 • www.boltonimaging.ca

Name _____ D.O.B. _____

Sex M F Health No. & V.C. _____
Appointment Date and Time _____

Address & Tel. No. _____

BONE DENSITY (NO APPOINTMENT REQUIRED)
 CD Baseline Low Risk - 5yr
 STAT 3yr-First followup High Risk - 1yr

BREAST IMAGING (BY APPOINTMENT ONLY)
 MAMMOGRAPHY
 BREAST ULTRASOUND
 Bilateral Right Left

X-RAY (NO APPOINTMENT REQUIRED)

ABDOMEN
 Single view (KUB)
 Acute (Includes PA & Chest)

HEAD&NECK
 Skull
 Sinuses
 Soft Tissue of Neck
 Nasal Bones
 Facial Bones
 Mandible
 T.M. Joints
 Orbits

CHEST
 Chest (PA & LAT)
 Ribs A L B
(Includes PA & Chest)
 Sternum
 S.C. Joints

UPPER EXTREMITIES
R L Shoulder
R L Clavicle
R L A.C. Joints
R L Scapula
R L Humerus
R L Elbow
R L Forearm
R L Wrist
R L Scaphoid
R L Hand
R L Finger
N° 1 2 3 4 5

SKELETAL SURVEY
 Metastatic Series
 Arthritic Series
 Metabolic Series

OTHER VIEWS

LOWER EXTREMITIES
R L Hip
R L Femur
R L Knee
R L Knee Standing
R L Tib&Fib
R L Ankle
R L Foot
R L Heel
R L Toes
N° 1 2 3 4 5

SPINE & PELVIS
 Cervical Spine
 Thoracic Spine
 Lumbo-Sacral Spine
 L/S Spine, Pelvis & S.I.Joints
 Sacrum & Coccyx
 S.I.Joints
 AP Pelvis
 Pelvis& Hip L R B

ULTRASOUND EXAMINATIONS (BY APPOINTMENT ONLY)

GENERAL
 Abdomen
 Renal + Bladder
 PVR-Post Void Residual
 Abdomen & Pelvis (Includes transvaginal unless contraindicated)
 Pelvis: (includes transvaginal unless contraindicated)
 Pelvis: (exclude transvaginal)
 Abdominal Wall
 Prostate-Transrectal
 Testicular / Scrotum
 Transvaginal
 Aorta
 Inguinal
 Canal/Hernia

NECK
 Thyroid Neck mass
 Salivary Glands

OBSTETRICAL
 OB Dating (<16wks)
 IPS (NT) (11-13 wks, 6 days)
 OB Routine Anatomy Scan (18-20wks)
 Bio physical Profile (>30 Weeks)
 OB High Risk
 OB Follow Up

MUSCULOSKELETAL
R L B Hip
R L B Hamstring
R L B Knee
R L B Achilles
R L B Tendon
R L B Ankle
R L B Foot
R L B Shoulder
R L B Elbow
R L B Wrist
R L B Other Muscle Area
R L B Other Soft Tissue

CARDIAC ULTRASOUND (BY APPOINTMENT ONLY) VASCULAR ULTRASOUND (BY APPOINTMENT ONLY)

Echocardiogram
 Holter Monitor 48 Hrs 24 Hrs 72 Hrs
 Exercise Stress Test (Non Nuclear)

 Carotid
 Arterial Extremity ARM LEG R L B
 Venous Extremity ARM LEG R L B

CLINICAL INFORMATION REQUIRED:

MD: _____ CC: _____

DR's OFFICE STAMP

Doctor, please print your name as well