



**BOLTON  
MEDICAL  
IMAGING**



**CLINIC HOURS**

Mon-Fri: 8:00 AM to 8:00 PM  
Saturday: 8:00 AM to 4:00 PM  
Sunday : 9:00 AM to 2:00 PM

**FREE PARKING**



Book Online

**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 R L   
 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)**

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

**VASCULAR ULTRASOUND (BY APPOINTMENT ONLY)**

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

**Please Bring Your Health Card With This Form**  
This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those on the IHF Program website