

(905) 426-8976

(416) 640-1103

(905) 356-6101

(519) 273-1721

# MISSISSAUGA ULTRASOUND

The Emerald Centre 10 Kingsbridge Garden Circle Phone: 905-568-3768 Fax: 905-568-0941

# **FREE PARKING**

www.gnmi.ca info@gnmi.ca

| Hance Phone   Last Name   Name   Additions   |   |  |                   |  |                   |  |
|--|---|--|-------------------|--|-------------------|--|
| Here   Hone   Here      | Patient Information                     |  |                   | Physician Information  |                   |  |
| M   F   D / MM / YYYY   Please see Patient Instructions on back   D / MM / YYYY   Please see Patient Instructions on back   D / MM / YYYY   D / MM / YYYY   Please see Patient Instructions on back   D / MM / YYYY   D / MM   | First Name                              | Last Name  |                   | Name Address   |                   |  |
| Appointment Date   | Home Phone                              | Cell Phone   |                   | Phone Fax  |                   |  |
| Please see Patient Instructions on back   Please see Patient Instructions on back   Appointment Time   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment or 05 drags will be black to patient   2-th-or otic require to price geopriment   2-th-or otic requirement   2-th-or otic    |   | MF   | DD / MM / YYYY    | DD/MM/YYYY   |                   |  |
| Please see Pattent Instructions on back   2-btournost requires cooling partners or 95 charge will be filled the patient.   | OHIP# Version Co                        | de Sex   | Date of Birth     | Date   |                   |  |
| Appointment Date   Appointment Time   Detail   | Appointment Date/Time                   |  |                   |  |                   |  |
| GENERAL  | DD/MM/YYYY                              |  |                   |  |                   |  |
| GENERAL    Abdomen   | Appointment Date Appointment Time 24-ho |  |                   | nour notice required to cancel appointment or \$75 charge will be billed to patient. |                   |  |
| Abdomen  | <b>ULTRASOUND</b> (By Appointment)      |  |                   |  |                   |  |
| Pelvis-transvaginal   Pelvis - transabdominal   Pelvis - transabdomi   | GENERAL                                 | MUSCULOSKELET                                      | AL VAS            | CULAR  |                   |  |
| Pelvis - transabdominal   Renal   Hand   | ☐ Abdomen                               | B = Bilateral                                      | BRL 🗖 Pe          | eripheral Venous Legs-DVT  |                   |  |
| Renal   Bladder   PVR-Post Void Residual   Hand  | ☐ Pelvis-transvaginal                   | Shoulder   |                   | □R □L □ Bilateral  |                   |  |
| Bladder   PVR-Post Void Residual   Transrectal Prostate   AAA Screening   Achilles Tendon   Ankle   Double and Postate   Plantar Fascia   Double and Postate   Pelvis - transabdominal   Pelvis - transabdominal   Double and Postate   Prostate - transrectol   Double and Postate   Prostate - transrectol   Double and Postate   Prostate - transrectol   Double and Postate   Double and Postate   Prostate - transrectol   Double and Postate   Prostate - transrectol   Double and Postate   Double and Postate   Prostate - transrectol   Double and Postate   Prostate   Double and Postate   Double   | ☐ Pelvis – transabdominal               | Elbow  |                   | ☐ Carotid Arteries   |                   |  |
| Distortion   Dis   | □ Renal                                 |  |                   | orta   |                   |  |
| PVR-Post Void Residual   Transrectal Prostate   AAA Screening   Achilles Tendon   Ankle   An   | □ Bladder                               |  |                   | ) !  | <u> </u>          |  |
| AAA Screening AAA Screening Ankle Dinguinal Canal Inguinal Canal Scrotum Thyroid and Neck  FEMALE PELVIS Pelvis - transabdominal Diadder and prostate Prostate - transrectal Prostate - transrectal  Doctor's Signature  Doctor's Signature  Doctor's Signature  OTHERLOCATIONS:  Achilles Tendon Ankle Diadder and Plantar Fascia Diadder and prostate Right Left  Dother: Do | PVR-Post Void Residual                  |  |                   | ACT LII TRACOLING  |                   |  |
| AAA Screening Abdominal Wall / Hernia Inguinal Canal Inguinal Cana | Transrectal Prostate                    |  |                   | ( )  |                   |  |
| Abdominal Wall / Hernia   Foot   | <ul><li>AAA Screening</li></ul>         |  |                   |  | Left .            |  |
| Scrotum  | Abdominal Wall / Hernia                 |  |                   |  |                   |  |
| Thyroid and Neck  FEMALE PELVIS  Pelvis - transvaginal Pelvis - transabdominal  MALE PELVIS  OB — Under 16 weeks OB — 18-20 weeks OB — Fetal Growth OB — High Risk Dladder and prostate Prostate - transrectal  Nuchal Translucency-EFTS (11-14 weeks)  Doctor's Signature  CLINICAL HISTORY REQUESTED  Doctor's Signature  Copy To:  OTHER LOCATIONS: Hamilton (905) 560-8343 (905) 684-6388 (905) 684-6388 (905) 735-2929 This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program  | ☐ Inguinal Canal                        | Plantar Fascia 1                                   |                   |  |                   |  |
| Pelvis - transvaginal Pelvis - transabdominal  MALE PELVIS  □ Pelvis - transabdominal □ Pelvis - transabdominal □ Pelvis - transabdominal □ Pelvis - transabdominal □ DB — Under 16 weeks □ DB — 18-20 weeks □ DB — Fetal Growth □ DB — High Risk □ Biophysical Profile (BPP) □ Nuchal Translucency-EFTS (11-14 weeks) □ Nuchal Translucency-EFTS (11-14 weeks) □ WSIB □ STAT   CLINICAL HISTORY REQUESTED □ WSIB □ St. Catharines (905) 560-8343 □ Copy To: □ This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program   | ☐ Scrotum                               | Lumps & Bumps 1                                    |                   | Other:   |                   |  |
| Pelvis - transabdominal  | Thyroid and Neck                        | Hip  |                   |  |                   |  |
| Pelvis - transvaginal Pelvis - transabdominal  OB — Under 16 weeks OB — 18-20 weeks OB — Hay Risk OB — High Risk Diadder and prostate Prostate - transrectal  OB — High Risk Diadder and prostate Nuchal Translucency-EFTS (11-14 weeks)  Doctor's Signature  Doctor's Signature  Copy To:  OTHERLOCATIONS: Hamilton (905) 550-8343 Hamilton (905) 658-8343 Hamilton (905) 658 |   |  |                   |  |                   |  |
| Pelvis - transabdominal Pelvis - transabdominal Delvis | FEMALE PELVIS                           |  |                   |  |                   |  |
| MALE PELVIS    OB = 18-20 weeks   OB = Fetal Growth   OB = High Risk   Diadder and prostate   Biophysical Profile (BPP)   Prostate - transectal   Nuchal Translucency- EFTS   Please complete the dedicated GNMI MRI & CT requisition form and fax to 905-568-0941.   Patient will be directly contacted to schedule an appointment.   Please contact us or visit website to obtain requisition forms.    CLINICAL HISTORY REQUESTED   Octor's Signature   Copy To:    Doctor's Signature   Copy To:    OTHERLOCATIONS:   Hamilton   Gyoly 568-6388   Gyoly 684-6388   Gyoly 735-2929   This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program  |   | ☐ OB — Under 16 weeks                              |                   | MDI LCT o  | l,                |  |
| MALE PELVIS  □ Pelvis – transabdominal bladder and prostate □ Prostate – transrectal □ Biophysical Profile (BPP) □ Nuchal Translucency- EFTS (11-14 weeks) □ WSIB □ Doctor's Signature □ Copy To: □ This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program  | Pelvis – transabdominai                 |  |                   | MRI and CI (By Appointment   | ()                |  |
| □ Pelvis – transabdominal bladder and prostate □ Prostate - transrectal □ Biophysical Profile (BPP) □ Nuchal Translucency- EFTS (11-14 weeks) □ Please contact us or visit website to obtain requisition forms.  CLINICAL HISTORY REQUESTED  □ WSIB □ Copy To:  OTHERLOCATIONS: Hamilton (905) 560-8343 (905) 684-6388 (905) 684-6388 (905) 735-2929 This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program   | MALE PELVIS                             |  |                   | Please complete the dedicated GNMI MRI & CT requisition                              |                   |  |
| bladder and prostate Prostate - transrectal  Biophysical Profile (BPP) Nuchal Translucency-EFTS (11-14 weeks)  Please contact us or visit website to obtain requisition forms.  CLINICAL HISTORY REQUESTED  WSIB  Copy To:  This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program  | ☐ Pelvis – transabdominal               |  |                   |  |                   |  |
| Prostate - transrectal   Nuchal Translucency-EFTS (11-14 weeks)   Please contact us or visit website to obtain requisition forms.    CLINICAL HISTORY REQUESTED   Please contact us or visit website to obtain requisition forms.    STAT   STAT   | bladder and prostate                    | ☐ Biophysical Prof                                 | file (BPP) Patier | Patient will be directly contacted to schedule an appointment                        |                   |  |
| CLINICAL HISTORY REQUESTED  Doctor's Signature  Copy To:  OTHER LOCATIONS:  Hamilton (905) 560-8343 (905) 684-6388 (905) 735-2929 (905) 735-2929 This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program   | ☐ Prostate - transrectal                | ☐ Nuchal Translucency- EFTS                        |                   |  |                   |  |
| Doctor's Signature Copy To:  OTHERLOCATIONS: Hamilton (905) 560-8343 (905) 684-6388 (905) 735-2929 (905) 735-2929 This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program  |   |  |                   | Please contact us or visit website to obtain requisition forms.                      |                   |  |
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| OTHER LOCATIONS:  Hamilton (905) 560-8343  (905) 684-6388  (905) 684-6388  (905) 735-2929  This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program   | _ Wold                                  |  |                   |  | _ JAI             |  |
| OTHER LOCATIONS:  Hamilton (905) 560-8343  (905) 684-6388  (905) 684-6388  (905) 735-2929  This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program   |   |  |                   |  |                   |  |
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| services including hospitals and IHFs, such as those listed on the IHF Program   |   |  |                   | sition form can be taken to any licensed facility prov                               | viding healthcare |  |
| Ajax Joronto Niagara Falls Stratford website: http://www.health.gov.ca/en/public/programs/ihf/facilities.aspx  | (905) 560-8343<br>Ajax Toronto          | (905) 684-6388 (905) 735<br>Niagara Falls Stratfor | services ir       | ncluding hospitals and IHFs, such as those listed on t                               | the IHF Program   |  |

## **INSTRUCTIONS TO PATIENT:**

- 1. Please bring your health card and this paper with you to your appointment.
- 2. Please arrive 15 minutes early to register.
- 3. Please refer to the exam preparations below.

**Preparation & Instructions** These instructions are *IMPORTANT*. Please follow them. GNMI is a scent free environment

#### **Ultrasound Preparation and Instructions**

#### **ABDOMEN**

No eating or drinking (smoking or chewing gum) 4 hours prior to the appointment.

# **ABDOMEN/PELVIS**

No eating 4 hours prior to the appointment.

START drinking 5 cups of water (40 oz. or 1.25 litres) 2 hours before your examination. FINISH drinking at least 1 hour prior to your examination.

**DO NOT** empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

#### **OBSTETRICAL/PELVIS**

A full bladder is necessary for a thorough examination of the pelvis and pregnant uterus. START drinking 5 cups of water (40 oz. or 1.25 litres) or other fluid 2 hours before your examination. FINISH drinking at least 1 hour prior to your examination.

**DO NOT** empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

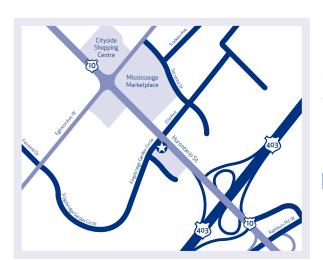
## **PROSTATE (TRANSRECTAL)**

**FLEET ENEMA** 2 hours before examination (kit may be purchased at your pharmacy) Drink 34 oz. or 1 Litre of water 1 hour prior to appointment.

Do not go to the washroom.

# GNMI MEDICAL IMAGING

# MISSISSAUGA ULTRASOUND



The Emerald Centre 10 Kingsbridge Garden Circle Phone: 905-568-3768 Fax: 905-568-0941

# FREE PARKING

# Mississauga

10 Kingsbridge Garden Circle Mississauga, ON L5R 3K6 Phone: 905-568-3768 • Fax: 905-568-0941

# **Ajax**

300 Harwood Avenue South Ajax, ON L1S 2J1 Phone: 905-426-8976 • Fax: 905-426-5234

# Hamilton - Stoney Creek

260 Nebo Road, Unit #5 Hamilton, ON L8W 3K5 Phone: 905-318-4082 • Fax: 905-318-9747

631 Queenston Road, Unit #105 Hamilton, ON L8K 6R5 Phone: 905-560-8434 • Fax: 905-667-3093

#### **Toronto**

491 Eglinton Avenue West, Unit #302 Toronto, ON M5N 1A8 Phone: 416-640-1103 • Fax: 416-640-1106

## St. Catharines

464 Welland Avenue St. Catharines, ON L2M 5V4 Phone: 905-684-6388 • Fax: 905-684-6389

245 Pelham Road, Unit #213 St. Catharines, ON L2S 1X8 Phone: 905-685-0132 • Fax: 95-685-4547

120 Welland Avenue St. Catharines, ON L2R 2N3 Phone: 905-682-8629 • Fax: 905-682-9079

# Niagara Falls

5400 Portage Road, Unit #B2 Niagara Falls, ON L2G 5X7 Phone: 905-356-6101 • Fax: 905-356-9937

7885 McLeod Road, Unit #114 Niagara Falls, ON L2H 0G5 Phone: 905-354-8448 • Fax: 905-354-4664

#### Welland

555 Prince Charles Drive North, Unit #114 Welland, ON L3C 6B5 Phone: 905-735-2929 • Fax: 905-735-2969

## **Stratford**

444 Douro Street, Suite 102 Stratford, ON N5A 0E6 Phone: 519-273-1721 • Fax: 519-273-1928