



Trenton Diagnostics Inc.

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No Appointment Needed for X-ray

Free Parking

Patient Name : _____ Sex M F
 Address : _____
 O.H.I.P. #: _____ Version Code : _____ Date of Birth : _____
 Appointment Date : _____ Time : _____ Tel. (Home): _____
 Copy To : _____ Fax No : _____ Tel No : _____

CARDIAC

- Exercise stress echocardiography
- Exercise stress Test E.C.G.
- Echocardiography complete & Color Assisted Doppler
- Cardiac event loop recording (2 weeks)
- Holter monitor (48 hrs.)
- Ambulatory Blood Pressure Monitor (24 hrs.)

VASCULAR

- Arteries of legs (L/R)
- Arteries of arms (L/R)
- Carotid arteries
- Veins of legs R/O DVT (L/R)
- Veins of arms (L/R)
- Other vascular studies**

ULTRASOUND

Abdomen/Pelvis

- Abdomen
- KUB
- Pelvis Female
(includes T.V. Where Appropriate)
- Transvaginal
- Pelvis Male
 Transrectal Prostate
- Abdominal Wall
- Groin (L/R)
- Scrotum / Testicular

Obstetrical

- Obstetrical
 - Dating
 - NT (11-14 WK (IPS)
 - Anatomy (18-20 WK)
 - Biophysical Profile
- Breast (L/R)
- Axilla (L/R)
- Soft Tissue (L/R)

LOWER EXTREMITIES

- Hip (L/R)
- Knee (L/R)
- Ankle (L/R)
- Achilles Tendon (L/R)
- Plantar Fascia (L/R)
- Foot (L/R)
- Digits # 1,2,3,4,5 (L/R)
- Other** _____

HEAD & NECK

- Thyroid
- Neck

UPPER EXTREMITIES

- Shoulder (L/R)
- Elbow (L/R)
- Wrist (L/R)
- Hand (L/R)

X-RAY

HEAD & NECK

- Skull
- Facial Bones
- Nose
- Mandible
- T.M. Joints
- Sinuses
- Mastoids
- Adenoids
- Soft Tissue / Neck
- Orbits for MRI

CHEST

- Chest PA & Lat
- Chest PA immigration
- Ribs (L/R)
- Sternum
- Sterno-Clavicular

ABDOMEN

- Single View (KUB)
- Acute (2 Views+PA Chest)
- 2 Views

Spine & Pelvis

- Cervical
- Thoracic
- Lumbar
- S.I. Joints
- Sacrum/Coccyx
- Scoliosis Series
- Pelvis
- Pelvis & Hips (L/R)

Skeletal Survey

- Arthritic
- Metastatic

UPPER EXTREMITIES

- Shoulder (L/R)
- Scapula (L/R)
- Clavicle (L/R)
- A C Joints (L/R)
- Humerus (L/R)
- Elbow (L/R)
- Forearm (L/R)
- Wrist (L/R)
- Hand (L/R)
- Digits # (L/R)
- Wrist (Bone age)

LOWER EXTREMITIES

- Hip (L/R)
- Femur (L/R)
- Knee (L/R)
- Tib /Fib (L/R)
- Ankle (L/R)
- Foot (L/R)
- Toes # (L/R)
- Calcaneus (L/R)

Other _____

Bone Mineral Density Evaluation

- HIGH RISK** (once every 12 months) **LOW RISK** (once every 60 months) **BASELINE** (first BMD in Ontario)

CLINICAL INFORMATION

 Doctor's Signature & Stamp _____

- Verbal
- Stat

Please bring this requisition and your valid Health Card. If you have appointment and need to change or cancel please call 24 hours in advance

PLEASE TURN OVER FOR PREPARATIONS & GUIDANCE