

Metro Central **Ultrasound**

27 Queen Street East
Ground Floor
Toronto Ontario M5C 2M6
416-777-2186
FAX 416-777-1080
ultrasoundtoronto.ca
mcu@rogers.com



HOURS

Mon. – Fri.: 8:00 am – 5:00 pm
Sat.: 9:00 am – 2:00 pm (appointment only)

Appointment Time _____

Date _____

Name _____

Phone _____

Birth Date _____

Health Card Number _____

Referring Doctor _____

Doctor's Signature _____

OBSTETRICAL

- ANATOMY
- DATING
- NUCHAL TRANSLUCENCY
- GROWTH BIOPHYSICAL PROFILE
- ABDOMINAL
- THYROID
- BREAST
- KIDNEYS, URETERS & BLADDER

- PELVIC TRANSRECTAL
- PELVIC TRANSABDOMINAL
- PELVIC TRANSVAGINAL
- PERIPHERAL DOPPLER
- CAROTID
- SOFT TISSUE
- SCROTUM
- SONOHYSTEROGRAM
- VERBAL**

OTHER (please specify) _____

Instructions

ABDOMEN (includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA)

If your appointment is in the morning, DO NOT eat anything after 8:00 pm the night before. If your appointment is in the afternoon, DO NOT eat anything for seven hours before your test. Medication SHOULD NOT be discontinued.

PELVIC (TRANSABDOMINAL) AND K.U.B. (KIDNEYS, URETERS & BLADDER)

You must have COMPLETED DRINKING 1 hour before your appointment. You must drink 1 litre (4 eight ounce glasses) of fluids. This can include black tea, juice, water, etc. DO NOT GO TO THE WASHROOM. You must have a full bladder for this examination.

PELVIC (TRANSRECTAL)

Purchase FLEET ENEMA from the pharmacy. Follow the instructions on the package.

SONOHYSTEROGRAM

2 Advil 1 hour before. Empty bladder.

OBSTETRICAL

No preparation

PLEASE BRING THIS REQUISITION AND YOUR OHIP CARD TO YOUR APPOINTMENT

For a map and details on our clinic location please visit ultrasoundtoronto.ca