

27 Queen Street East, Ground Floor Toronto Ontario M5C2M6 416-777-2186 FAX 416-777-1080

Hours of Operation

Monday to Friday 8 am - 5 pm Weekend appointments available by appointment only (this may be subject to change)

Walk-ins accepted Monday to Friday 9 am - 3pm (Depending on availability)

www.ultrasoundtoronto.ca info@ultrasoundtoronto.ca

Patient Name:	Telephone #:
Health Card #:	D.O.B:
Dating NT / eFTS / IPS 1 Screening Anatomy Growth Biophysical Profile Pelvic Transabdominal Pelvic Transvaginal Abdominal K.U.B. Thyroid Breast Scrotum Venous Doppler Soft Tissue Neck Inguinal Hernia Other (please specify)	□ Pelvic Transrectal □ Carotid □ Sonohysterogram ■ M.S.K. Echocardiogram □ Chest pain / coronary artery disease □ Congestive Heart Failure □ Palpitations / Arrhythmias ■ Murmur □ Hypertension □ Syncope □ Dyspnea, Edema & Cardiomyopathy □ Congenital Cardiac Disease □ Mitral Valve Prolapse □ Valvular Stenosis □ Pericardial Disease □ Other VERBAL
Referring Practitioner:	Clinical Information:
Signature:	Cilifical Information.
Fax:	
OHIP Billing Number:	

Instructions <

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

No food for 12 hours prior to your exam. You may have clear fluids such as black tea/coffee, clear juice or water. No milk / dairy products or dairy alternatives. Medication SHOULD NOT be discontinued.

PELVIC TRANSRECTAL

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

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

You must COMPLETE DRINKING 1 litre or 4 glasses of water, clear juice or tea 1 hour before your appointment. DO NOT empty bladder after drinking. You must have a full bladder for this examination.

SONOHYSTEROGRAM

Take 2 Advil / Tylenol 1 hour before your ultrasound. Empty bladder.

OBSTETRICAL

No preparation.

PLEASE BRING REQUISITION AND YOUR OHIP CARD