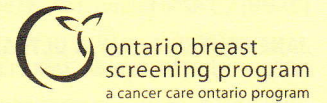




ONTARIO MEDICAL IMAGING

DR. EZEL ORFI AND ASSOCIATES



www.omiclincs.ca

PATIENT'S LAST NAME		ADDRESS		TOWN / CITY	POSTAL CODE
FIRST NAME		DATE OF BIRTH D M Y	SEX M F	HEALTH CARD	TELEPHONE

X-RAY - No Appointment

HEAD & NECK

- Skull
- Sinuses
- Mastoids
- Adenoids
- Pit. Fossa
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints
- I.A. Meati
- Orbit

SKELETAL SURVEY

- Metastatic Series
- Arthritic Series

ABDOMEN

- Plain Film (K.U.B)
- Acute (3 views)

CHEST

- Chest PA & LAT
- Ribs & Chest PA
- Chest PA
- Sternum
- Sterno-Clavicular Joints
- Immigration (PA)

SPINE & PELVIS

- Cervical Spine
- Dorsal Spine
- Scoliosis Series
- Lumbar Spine (3 views)
- Lumbar Spine (5 views)
(with obliques)
- L/S Spine, Pelvis &
S.I. Joints
- Sacrum & Coccyx
- S.I. Joints
- Pelvis & Hips

UPPER EXTREMITIES

- Shoulder
- Clavicle
- A.C. Joints
- Scapula
- Humerus
- Elbow
- Forearm
- Wrist
- Scaphoid
- Hand
- Digit No. 1 2 3 4 5

LOWER EXTREMITIES

- Hip
- Femur
- Knee
- Tib & Fib
- Ankle
- Stress Views
- Os Calcis
- Foot
- Toe No. 1 2 3 4 5

ULTRASOUND - BY Appointment

Neck

- Thyroid
- Abdomen
- Female Pelvis
(includes transvaginal
unless contraindicated)

Breast Bilateral

Obstetrical

- Nuchal Translucency (IPS)
- Testes / Scrotum

Prostate/Bladder

- Transrectal
(includes ultrasound of Kidneys)
- Transabdominal
(includes ultrasound
of Kidneys)

Other

MUSCULOSKELETAL

- Shoulder
- Elbow
- Knee
- Ankle
- Achilles Tendon
- Foot
- Plantar Fascia
- Wrist & Hand
- Carpal Tunnel
- Other

APPOINTMENT

Date _____

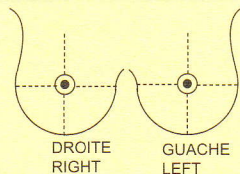
Time _____

Other Views or Examination _____ Date L.M.P. _____

BMD (DEXA) (HIP & SPINE) - By Appointment

- Routine
- High Risk
- Left
- Right
- Bilateral

MAMMOGRAPHY - By Appointment



CARDIAC VASCULAR STUDIES - By Appointment

- Echocardiogram
- Holter Monitoring
 24 Hrs 48 Hrs
- Carotid Doppler
- Peripheral Arterial Peripheral Venous
- Lower Limb Lower Limb
- Upper Limb Upper Limb

BARIUM STUDIES - By Appointment

- G.B.
- Ba. Swallow
- G.I. Series (Upper)
- G.I. Small Bowel
- Colon-Air Contrast
- S.B.F.T.

Clinical History _____

DOCTOR'S SIGNATURE _____

COPY TO _____

DATE _____

PATIENT INSTRUCTIONS AND LOCATION LISTINGS ON BACK

MISSED APPOINTMENTS, NOT CANCELLED WITH AT LEAST 24 HR. PRIOR NOTICE, MAY RESULT IN A \$50.00 PATIENT CHARGE. IF YOU ARE LATE OR NOT PROPERLY PREPARED YOU MAY HAVE TO REBOOK. PHONE IF YOU ARE UNABLE TO KEEP THE APPOINTMENT.