CAMBRIDGE DIAGNOSTIC IMAGING
167 Hespler Road, Cambridge ON N1R 3H7
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www.cambridgeimaging.ca

EXAM REQUEST

OFFICE HOURS
Monday - Friday: 9:00 AM - 7:00 PM
Saturday - Sunday: Closed

PATIENT

APPOINTMENT DATE /

LAST NAME ______ FIRST NAME ______

ADDRESS ______ TOWN/CITY ______ POSTAL ______

PHONE ______ HEALTH CARD ______ VERSION ______ DATE OF BIRTH ______ Male ☐ Female

X-RAY

No Appointment Needed

ABDOMEN
- ☐ Abdomen 3 Views
- ☐ KUB I View

CHEST
- ☐ Chest (PA + Lateral)
- ☐ Ribs ☐R ☐ L & Chest PA
- ☐ Sternum
- ☐ S.C. Joints

SKELETAL SURVEY
- ☐ Metastatic Series

HEAD AND NECK
- ☐ Skull
- ☐ Sinuses
- ☐ Soft Tissue Neck/Adenoids
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Mandible
- ☐ T.M. Joints
- ☐ Orbits
- ☐ Mastoids

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbo-Sacral Spine
- ☐ Sacrum and & Coccyx
- ☐ S.I. Joints
- ☐ AP Pelvis
- ☐ Pelvis & Hip ☐ R ☐ L
- ☐ Scoliosis Series

UPPER EXTREMITIES

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	A.C. Joints
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Digits

No. 1☐ 2☐ 3☐ 4☐ 5☐

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tib & Fib
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toes

No. 1☐ 2☐ 3☐ 4☐ 5☐

ULTRASOUND EXAMINATIONS

Appointment Needed

GENERAL
- ☐ Abdomen ☐ KUB
- ☐ Abdomen & Pelvis
- ☐ Portal Vein Doppler
- ☐ Pelvis ☐ Pre-Void & Post-Void
- ☐ Pelvis: (Includes transvaginal unless contraindicated)
- ☐ Prostate ☐ Transrectal
- ☐ Breast ☐ R ☐ L ☐ Bilateral
- ☐ Testicular / Scrotal
- ☐ Groin / Inguinal
- ☐ Thyroid ☐ Head / Neck
- ☐ Thorax ☐ R ☐ L

OBSTETRICAL
- ☐ Obstetrical - Dating
- ☐ R/o Ectopic
- ☐ NT / IPS (II-I4 weeks)
- ☐ Dual Scan Series
  <14 WKS (NT MEASURMENT/DATING etc.)
  18-20 WKS MORPHOLOGY SCAN ALSO
- ☐ 18-20 weeks Anatomy
- ☐ High Risk
- ☐ Bpp
- ☐ Other ______

MUSCULOSKELETAL

R	L	
☐	☐	Hip Joints
☐	☐	Hamstrings
☐	☐	Knees
☐	☐	Achilles Tendons
☐	☐	Ankles
☐	☐	Foot
☐	☐	Plantar fascia

R	L	
☐	☐	Shoulders
☐	☐	Elbows
☐	☐	Wrists
☐	☐	Hands
☐	☐	Other Muscle Areas
☐	☐	Other Soft Tissue
☐	☐	Lumps

VASCULAR ULTRASOUND

R	L	
☐	☐	Carotid Arteries
☐	☐	Subclavian Arteries
☐	☐	Pseudo aneurysm / A-V fistula
☐	☐	Lower Limb Arteries
☐	☐	Lower Limb Veins
☐	☐	Upper Limb Arteries
☐	☐	Upper Limb Veins
☐	☐	Other

CLINICAL INFORMATION

SPECIAL REQUEST
- ☐ Stat
- ☐ CD Requested

MD:

CC:

PREGNANCY RELEASE FORM
I declare to the best of my knowledge I am NOT presently pregnant

______
SIGNATURE

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION

FEMALE TECHNOLOGISTS

FREE PARKING

DR's OFFICE STAMP

Billing Number :

Please arrive 15 minutes before your appointment time for registration. Late arrival may require re-booking.