PORT PERRY IMAGING
462 Paxton Street, Suite B07
Port Perry, ON L9L 1L9
Phone: 905-985-9727 Fax: 905-985-0479
www.portperryimaging.com

Accredited by CNN for Echocardiography Since 2016
Accredited for Mammography by the Canadian Association of Radiologist Since 1997
Accredited for Ultrasound by the American College of Radiology Since 1999
Fetal Medicine Foundation, Nuchal Translucency Screening Centre Since 2005
Ontario Breast Screening Program - Port Perry Affiliate Since 1997
Accredited for Bone Density by the Ontario Association of Radiologists Since 2008

OHIP Requires you present your health card and requisition at each visit

Name: _____ **Date of Birth:** _____ [ ] M [ ] F [ ] Other

Address: _____ **Heath Card/Version Code:** _____

Phone: (day) _____ **(eve.)** _____ **Your Appointment:** _____ **at** _____

Please make necessary childcare arrangements during your exam; Children will not be allowed in the exam room

GENERAL AND OBSTETRIC ULTRASOUND APPOINTMENT REQUIRED

GENERAL ULTRASOUND:

- ❑ Abdomen ❑ Ltd. Abdomen
- ❑ Abdomen Wall (mass/hernia)
- ❑ Female Pelvis
  - ❑ Transvaginal
- ❑ Male Pelvis (suprapubic only)
  - ❑ Transrectal (Prostate)
- ❑ Renal (kidneys)
- ❑ Other: _____

BILAT L R

- ❑ ❑ ❑ Breast
- ❑ ❑ ❑ Groin for Hernia
- ❑ Thyroid
- ❑ Neck for LNs or other mass
- ❑ Salivary Glands
- ❑ Scrotum
- ❑ Chest Wall

OBSTETRIC:

- ❑ 1st Trimetser Dating
- ❑ eFTS 12w-13w6d
- ❑ Nuchal Translucency 12w-13w6d
- ❑ Anatomic Survey (20-22 wks)
  - _____ Previous c-sections
- ❑ BPP & Fetal Growth
- ❑ Fetal position
- ❑ Biophysical Profile
- ❑ Other _____

CARDIAC NUCLEAR IMAGING APPOINTMENT REQUIRED

- ❑ Exercise perfusion imaging (sestamibi)
- ❑ Persantine perfusion imaging (sestamibi)
- ❑ Resting radionuclide ventriculogram (MUGA)
- ❑ Thallium, rest and redistribution (for viability)

GENERAL NUCLEAR IMAGING APPOINTMENT REQUIRED

- ❑ Gallium Scan
- ❑ Hepatobiliary Scan
  - ❑ HIDA scan
  - ❑ Liver SPECT:
    - ❑ RBC scan for ?hemangioma
    - ❑ Sulfur colloid scan for ?FNH
- ❑ Bone Scan:
  - ❑ Whole Body
  - ❑ Single Site: _____
- ❑ V/Q scan
- ❑ Parathyroid scan
- ❑ Renal scan
  - ❑ function
- ❑ Salivary gland scan
- ❑ Thyroid scan:
  - ❑ 24hr uptake and scan

BONE MINERAL DENSITY APPOINTMENT REQUIRED

***Patient weight restriction <300lbs**

- ❑ Baseline (First BMD in Ontario)
- ❑ Low Risk (Once every 60 months)
- ❑ High Risk (Once every 12 months)

X-RAY NO APPOINTMENT REQUIRED

- ❑ Site: _____

CARDIAC AND VASCULAR ULTRASOUND APPOINTMENT REQUIRED

- ❑ Echocardiogram 2D and Doppler with Colour
  (*Contrast Echo at the discretion of the Interpreting Physician)*
- ❑ Bi-Lateral Carotid Doppler

BILAT L R

- ❑ ❑ ❑ Venous Doppler Lower Extremities
- ❑ ❑ ❑ Venous Doppler Upper Extremities
- ❑ ❑ ❑ Arterial Doppler Lower Extremities
- ❑ ❑ ❑ Arterial Doppler Upper Extremities

MUSCULOSKELETAL ULTRASOUND APPOINTMENT REQUIRED

BILAT L R

- ❑ ❑ ❑ Shoulder
- ❑ ❑ ❑ Elbow
- ❑ ❑ ❑ Wrist and Hand
- ❑ ❑ ❑ Carpal Tunnel
- ❑ ❑ ❑ Hamstring

BILAT L R

- ❑ ❑ ❑ Calves
- ❑ ❑ ❑ Achilles' Tendon
- ❑ ❑ ❑ Foot
- ❑ ❑ ❑ Ankle
- ❑ ❑ ❑ Plantar Fascia

BILAT L R

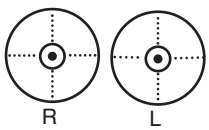
- ❑ ❑ ❑ Hip
- ❑ ❑ ❑ Thigh
- ❑ ❑ ❑ Back
- ❑ ❑ ❑ Groin
- ❑ ❑ ❑ Knee

BREAST IMAGING APPOINTMENT REQUIRED

do not use deodorant, powders or cream on the breasts or underarms on the day of your exam

MAMMOGRAM

- ❑ Screening
- ❑ Other _____
- ❑ Papable Mass
- ❑ Implants



BILAT L R

- ❑ ❑ ❑ **Breast Ultrasound**

CLINICAL INFO: _____

_____

_____

REF. MD.: _____

Billing; _____

CC: _____

Physician Signature:

_____

Date: _____

PORT PERRY IMAGING

462 Paxton Street, Suite B07
Port Perry, ON L9L 1L9

Phone: 905-985-9727 Fax: 905-985-0479
www.portperryimaging.com

PREPARATION FOR CARDIAC AND GENERAL NUCLEAR MEDICINE TESTS

PLEASE DO NOT FORGET TO BRING YOUR HEALTH CARD AND A LIST OF ALL MEDICATIONS TO EACH APPOINTMENT

Persantine Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea,coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3

Exercise Perfusion (Sestamibi) *Two Day Test*

- Please bring medications or list of medications on Day 1
- Light breakfast on Day 1 and day 2 but **No caffeine** (tea,coffee, cola, chocolate) for 24 hours prior to Day 2 including decaffeinated tea/coffee & Tylenol #3
- Be prepared to Exercise (walk or run) on the treadmill - wear a T-Shirt, shorts or sweatpants and running shoes.
- **If permitted by your doctor,** the following medications should be stopped prior to your test (only if you are having an exercise test):
  - metoprolol (Lopressor)
  - acebutolol (Monitan; Sectral)
  - diltiazem (Cardizem; Tiazac)
  - carvedilol (Coreg)
  - bisoprolol (Monocor)
  - sildenafil (Viagra)
  - vardenafil (Levitra)

  STOP FOR 24 HOURS BEFORE THE TEST IF PERMITTED BY YOUR DOCTOR

  - atenolol (Tenormin)
  - nadolol (Corgard)

  STOP FOR 48 HOURS BEFORE THE TEST IF PERMITTED BY YOUR DOCTOR

  - tadalafil (Cialis)

  STOP FOR 72 HOURS BEFORE THE TEST

THE ABOVE MEDICATIONS MAY BE RESUMED AFTER THE TEST

PLEASE BRING RESULTS OF OTHER RECENT TESTS, IF DONE ELSEWHERE AND AVAILABLE.

Biliary Scan

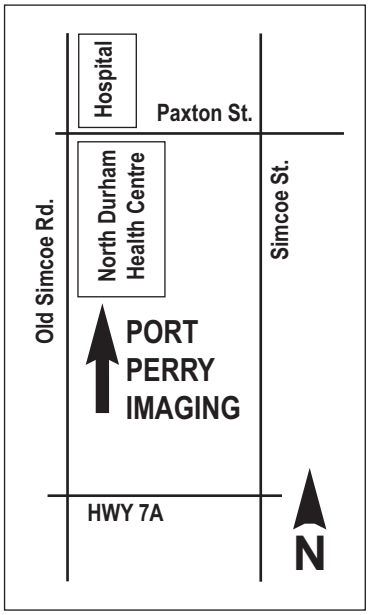
- Nothing to eat or drink for 4 hours prior to the scan

Thyroid Uptake and Scan

- If permitted by your doctor, stop Thyroxine 5 weeks before your test and stop Cytomel 3 weeks before your test
- No intravenous contrast material (CT, IVP or angiogram, and no seaweed (sushi)) for 5 weeks prior to your test
- Nothing to eat or drink for 4 hours prior to the scan.

Diabetics:

- If on oral medication, don't eat breakfast or take your diabetes medication the morning of the test. After the test, you may eat and take your medication
- If on Insulin, on the morning of the test, take half the normal dose and eat a light breakfast



DURATION OF TESTS

TEST	APPROXIMATE DURATION
Myocardial Perfusion Imaging (Sestamibi)	1.5 hours in am day one and 1.5 hours in am day two
Bone Scan	10 minutes, then 1 hour following a 2-3 hour delay
Thyroid Scan	15 minutes day one and 1 hour day two
All Other Nuclear Scans	1 hour on a single day (some require up to a 4 hour delay after injection)
Ultrasound, Doppler and Echo	40 minutes
Bone Mineral Densitometry	20 minutes - do not take clacium pill morning of exam

Our priority is You