

**Our Radiologists**

- Dr. J. Walker
- Dr. L. Weisbrod
- Dr. C. Adamo

Book an Appointment: 416-462-0064

Fax: 416-781-1910

Request an Appointment Online: www.bluewaterimaging.ca

BWI Office Use Only:

Prior to Appointment:

- Arrive **15 minutes** early
- Bring your **REQUISITION**
- Bring your **HEALTH CARD**

SEE MAPS & PREPARATION
INSTRUCTIONS ON THE BACK →

PATIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal: _____

Date of Birth: DD/MM/YYYY Sex: ☐ Male ☐ Female Phone / Cell: (____) _____ - _____

Health Card #: # # # # - # # # - # # # - W

APPOINTMENT Date / Time

Appt. Date: DD /MM /YYYY

Appt. Day: Mon Tue Wed Thu Fri Sat

Appt. Time: _____

Please provide 24 hours' notice of cancellation. \$50 may be applied for missed appointments with no notice. Late arrivals may be re-scheduled

ULTRASOUND (BY APPT ONLY)**General Ultrasound**

- ☐ Abdomen
- ☐ Abdomen & Pelvis
- ☐ K.U.B.
- ☐ PTV
- ☐ Pelvis
- ☐ Transvaginal
- ☐ Prostate / Trans-rectal
- ☐ Scrotum
- ☐ Thyroid
- ☐ Breast
- ☐ Chest Mass
- ☐ Axillary

Obstetrical

- ☐ Dating
- ☐ IPS NT (11-14 wks)
- ☐ Detailed OB Scan (18-20 wks)
- ☐ Third Trimester / BPP

Doppler Vascular Studies

- ☐ Carotids
- ☐ Peripheral Arterial Upper
- ☐ Peripheral Arterial Lower
- ☐ Peripheral Venous Lower
- ☐ Peripheral Venous Upper
- ☐ Renal Arteries
- ☐ R/L Peripheral Venous Lower

Musculoskeletal (bilateral MSK are scheduled – unilateral MSK are walk ins)

- ☐ Shoulder
- ☐ A.C. Joint
- ☐ Elbow
- ☐ Wrist & Hand
- ☐ Wrist (Carpal Tunnel)
- ☐ Abdominal Wall (Hernia)
- ☐ Hip
- ☐ Groin
- ☐ Quadriceps
- ☐ Hamstring
- ☐ Knee
- ☐ Calves
- ☐ Ankle
- ☐ Achilles tendon
- ☐ Foot
- ☐ Plantar Fascia
- ☐ Other _____

Biopsy

- ☐ Breast FNA / Core
- ☐ Thyroid FNA
- ☐ Other _____

Other

- ☐ Sonohysterogram
- ☐ Echocardiogram
- Study Type: _____
- Std. Indication: _____
- ☐ Holter 24h
- ☐ Holter 48h
- ☐ Holter 72h

X-RAY**G.I. Tract (Appt only):**

- ☐ B.A. Swallow
- ☐ G.I. Series (Upper)
- ☐ G.I. & Small Bowel
- ☐ Colon – Air Contrast

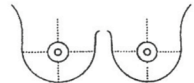
Bone Densitometry

- ☐ Baseline
- ☐ Subsequent BMD

Mammography (Appt only):

- ☐ OBSP* (Exam day - No Deodorant)
- ☐ Diagnostic*
- Implants: ☐ Yes ☐ No

*Bring previous films



Right Left

Please indicate location & size of lesion

Head & Neck

- ☐ Skull
- ☐ Sinuses
- ☐ Neck Soft Tissues
- ☐ Mastoids
- ☐ Facial Bones
- ☐ Orbits (MRI)
- ☐ Mandible
- ☐ T.M. Joints

Chest

- ☐ Chest
- ☐ Chest Visa
- ☐ Sternum
- ☐ R/L Ribs

Abdomen

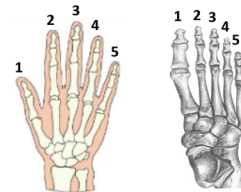
- ☐ K.U.B.
- ☐ Acute (3V)

Upper Extremities

- ☐ A.C. Joint
- R L
- ☐ Shoulder
- ☐ Clavicle
- ☐ Scapula
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist & Hand
- ☐ Wrist
- ☐ Hand
- ☐ Scaphoid
- ☐ Fingers # 1 2 3 4 5

Lower Extremities

- R L
- ☐ Hip
- ☐ Femur
- ☐ Knee
- ☐ Tibia & Fibula
- ☐ Ankle
- ☐ Ankle w/ Stress Views
- ☐ Foot
- ☐ Calcaneus
- ☐ Toes # 1 2 3 4 5

**Spine & Pelvis**

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Scoliosis Series
- ☐ Lumbo-Sacral Spine
- ☐ L/S Spine, Pelvis & SI Joints
- ☐ Sacrum & Coccyx
- ☐ SI Joints
- ☐ Pelvis & Hips

Skeletal Survey

- ☐ Metastatic Series
- ☐ Arthritic Series
- ☐ Bone Age

Pregnant Y ☐ N ☐**Relevant History, Physical Findings, and Provisional Diagnosis****Referring Physician** ☐ STAT ☐ VERBAL

Doctor's Name Doctor's Signature OHIP Provider ID

DD /MM /YYYY

Doctor's Phone Fax Date Issued

Doctor's Address

Copy to: First Name Last Name Fax Number

For Office Use Only

Patient ID: _____

Accession #: # # # # # # # # # #

Accession #: # # # # # # # # # #

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H/C	MD	Billings	PACS	Scan

If you have any concerns, please email them to patient.concerns@bluewaterimaging.ca

Only the above examinations are performed as per BWI protocols, no substitutions.

ULTRASOUND

Transrectal:

- 1) Purchase a FLEET ENEMA from a pharmacy. Follow the instructions in the package. Take the ENEMA two hours before appointment time.
- 2) Drink 4 glasses (32 oz/1 litre) of water **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom until after the exam is complete.

Prostate: Drink 4 glasses (32 oz/1 litre) of water **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom until after the exam is complete.

Abdomen Includes studies of the GALL BLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS, and AORTA:

MORNING APPOINTMENT (Before 1PM): No solid foods or liquids after midnight. You are required to have an empty stomach.

AFTERNOON APPOINTMENT (After 1PM): You may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch as you are required to have an empty stomach.

Pelvis or Obstetrical: Drink 4 large glasses (32 oz/1 litre) **1 HOUR BEFORE YOUR APPOINTMENT**. Do NOT go to the washroom. You may eat regularly.

Abdomen and Pelvis / Prostate OR Renal Arteries:

Preparation same as: **Abdomen**. Drink 4 large glasses of water (32 oz/1 litre) **1 HOUR BEFORE YOUR APPOINTMENT**.

Do NOT go to the washroom until after the exam is complete.

Musculoskeletal Ultrasound, Transvaginal Ultrasound, Breast Ultrasound, Echocardiogram (heart), Thyroid (neck), Doppler:

No preparation necessary

Biopsy: Patient must be off of any **Blood Thinners, Aspirin or Advil** 7 days prior to appointment. Consult with your family and/or referring doctor **first** before stopping any blood thinner or aspirin regimen. **Required documents:** Completed and signed requisition from the referring doctor and previous ultrasound report if previous was not done at a Bluewater Imaging facility. Documents must be faxed in prior to the appointment or brought in the day of the procedure.

X-RAY

X-Ray – If there is a possibility you may be pregnant, please contact your physician prior to the X-Ray.

Upper G.I. Series, Small Bowel Follow Through & BA Swallow:

Nothing to eat or drink after midnight. Patients are expected to fast through to the end of the procedure. (Booked for morning only)

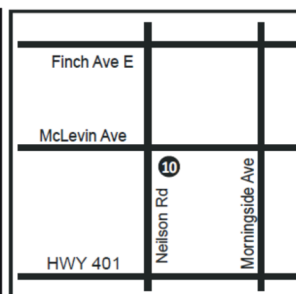
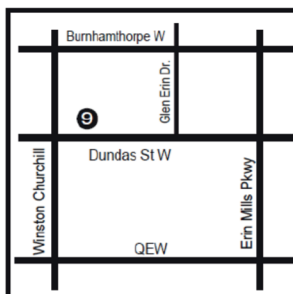
Note: Small Bowel Follow Through: Patients must stay at facility for up to 2 hours; imaging will be done throughout the entire time.

Barium Enema (Large bowel X-Ray):

Starting the day before exam: All meals are clear fluid diet only; clear fruit juice, bouillon, tea, Jell-O. No cream or fruit. Drink lots of water. The total fluid intake should be at least six 8 oz. glasses. At 6:00 pm, take 1/2 bottle of Magnesium Citrate (Citromag). If no result by 8:00 pm, take remaining 6 oz. and 2 Docolax tablets with 2 glasses of water. On the morning of the exam, use a **Dulcolax** rectal suppository. A glass of clear fluids is allowed. Be sure to **DRINK ALL FLUID SPECIFIED**.

Mammography: On the day of the exam: After showering, do not use deodorant, antiperspirant or talcum powder under the arms or on chest, as these particles may show up on the mammogram. Please wear a 2-piece outfit for your comfort.

Bone Mineral Densitometry: No preparation necessary



❶ 3170 Lake Shore Blvd W., Suite 101 Etobicoke (Lake Shore & Kipling)

❸ 2010 Eglinton Ave. W., Suite 100, Toronto (Eglinton & Dufferin)

❹ 960 Lawrence Ave. W., Suite 203, Toronto (Lawrence & Dufferin)

❺ 1371 Neilson Rd., Suite 309, Scarborough, (Neilson & McLevin)

❷ 4600 Hwy. 7 West, LL30, Woodbridge (Pine Valley & Hwy 7)

❹ 2221 Keele St., Suite 106, Toronto (Keele & Ingram)

❻ 150 Eglinton Ave. E., 3rd Floor, Toronto (Eglinton & Redpath)

❸ 1275 Finch Ave. W., Suite 114, North York (Keele & Finch)