

Credit Valley Diagnostic Centre
2000 Credit Valley Road, Suite #103
Mississauga, Ontario L5M 4N4
Tel: 905.828.2066 Fax: 905.820.7254

Credit Valley X-Ray and Ultrasound
6590 Meadowvale Town Centre Circle
Mississauga, Ontario L5N 2R5
Tel: 905.812.1066 Fax: 905.812.5246

Credit Valley Diagnostic Centre - Milton
100 Nipissing Road, Unit 2
Milton, Ontario L9T 5B2
Tel: 289.350.2560 Fax: 289.350.2561

APPOINTMENT DETAILS

Date: _____

Time: _____

X-RAY

CHEST

- Chest
 Ribs
 Sternum
 S.C. Joints

ABDOMEN

- K.U.B (1 view) / Abdo
 Acute (2-3 views)

HEAD & NECK

- Skull
 Sinuses
 Adenoids
 Orbits
 Facial Bones
 Nose
 Mandible
 Soft Tissue Neck
 T.M. Joints

SPINE AND PELVIS

- Cervical Spine
 Thoracic Spine
 Lumbosacral Spine
 Sacrum/Coccyx
 S.I. Joints
 Pelvis
 Pelvis & Hips

UPPER EXTREMITIES

- Clavicle
 A.C. Joints
 Shoulder
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Hand
 Thumb
 Finger No. ____
 Scaphoid
 Bone Age

LOWER EXTREMITIES

- Hip
 Femur
 Knee
 Tib. & Fib.
 Ankle
 Foot
 Toe No. ____
 Calcaneus

MAMMOGRAPHY C.A.R ACCREDITED



- Diagnostic
 Screening



- Ontario Breast Screening Program (Over 50)

BONE DENSITOMETRY

- AP Spine & Femur
 1st Baseline BMD in Ontario
 Low Risk (2nd test - 36 months)
 Low Risk (3rd+ test - 60 months)
 High Risk (once every 12 months)

ECHOCARDIOGRAM

- LVH/Cardiomyopathy
 Murmur/Valvular Heart Disease
 SOB/CHF
 Syncope/ Arrhythmia/palpitations
 Chest Pain/Coronary disease
 Stroke, suspected embolic event
 Other (please state) _____

ULTRASOUND

ULTRASOUND

- Abdomen (above umbilicus)
 Ltd. Abd. Area of Interest
 Kidneys & Bladder Only
 Pelvic - Male or Female
 Transvaginal
 eFTS / NT
 Routine Obstetrical
 Targeted Obstetrical _____
 Biophysical Profile
 Thyroid/Neck
 Breast
 Testes/Scrotum
 Hernia
 Soft Tissue Lump

MUSCULOSKELETAL

- Shoulder
 Elbow
 Wrist
 Hip
 Knee
 Ankle
 Heel
Other _____

CLINICAL INFORMATION

VERBAL _____

Patient's Last Name	Patient's First Name		Initials	
Health Card Number	Patient's Birth Date	Patient's Sex	Patient's Phone Number	
Patient's Address	Day	Month	Year	Patient's Postal Code
	M	F		

_____ M.D. Date _____

MAMMOGRAM AND BONE DENSITY PREPARATIONS

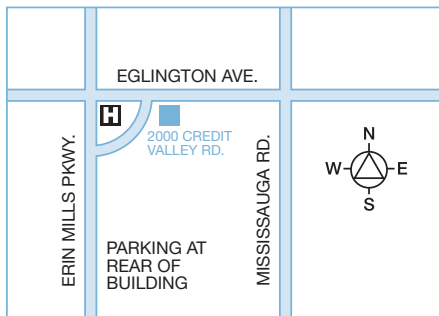
- MAMMOGRAPHY** (Available only at 2000 Credit Valley Road)
 - No body powder or deodorant: wear a two-piece outfit
- BONE DENSITOMETRY**
 - Please wear metal free outfit

ULTRASOUND PREPARATIONS

- PELVIC**
 - Empty bladder first
 - Drink 1 litre of water **(to be finished 1 hour before the exam)**
 - Do not empty your bladder after you have consumed the 1 litre of water
 - Drink between _____ Eat Normally
- ABDOMEN** (e.g. Pancreas or gallbladder)
 - Nothing to eat or drink 12 hours prior to appointment
 - Small sips of water only allowed. No breakfast
 - Please take medication as required
- ABDOMINAL AND PELVIC**
 - Nothing to eat or drink 12 hours prior to appointment
 - Drink 1 litre of water **(to be finished 1 hour before the exam)**
 - Do not empty your bladder after you have consumed the 1 litre of water
- BREAST, TESTES, THYROID OR NECK**
 - No preparation required
- OBSTETRICAL**
 - Empty bladder first
 - Drink 500ml of water **(to be finished 30 mins before the exam)**
 - Do not empty your bladder after you have consumed the 500ml of water
 - Eat Normally

LOCATIONS

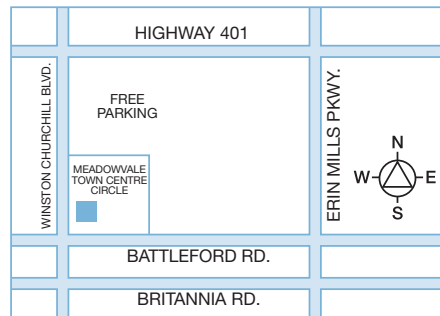
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2 stoplights east of Erin Mills Parkway.
On the south-east corner of Credit Valley Rd.
and Eglinton Ave.

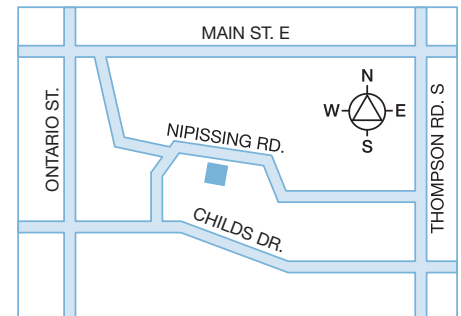
Credit Valley X-RAY and Ultrasound



6590 Meadowvale Town Centre Circle
Building J, Unit 6
Mississauga, Ontario L5N 2R5
Tel: 905.812.1066 Fax: 905.812.5246

Located in the south-west area of the plaza.

Credit Valley Diagnostic Centre - Milton



100 Nipissing Road
Unit 2
Milton, Ontario L9T 5B2
Tel: 289.350.2560 Fax: 289.350.2561
Located in the north-west corner of the plaza.

**PLEASE ARRIVE 15 MINUTES BEFORE APPOINTMENT OR YOU MAY BE RESCHEDULED.
BRING THIS REQUISITION & A VALID HEALTHCARD**