

If Call Report Needed, Please Check

WCB, Please Check

# MAIN X-RAY & ULTRASOUND

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700 Main Street East

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PATIENT'S LAST NAME		FIRST NAME	DATE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>
ADDRESS			CITY	POSTAL CODE	
HEALTH NUMBER			TELEPHONE		

## X-RAY

### BY APPOINTMENT ONLY

#### G.I. Tract

- G.I. Series (upper)
- G.I. & Ba. Swallow
- G.I. & Small Bowel
- Colon - Air Contrast

#### Abdomen

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

#### Head

- Skull
- Sinuses
- Mastoids
- Facial Bones
- Nasal Bones
- Mandible
- T.M. Joints

### Bone Densitometry

(Osteoporosis Scan)

### BY APPOINTMENT ONLY

#### Chest

- Chest PA & Lat
- R  L Ribs
- Chest PA
- Sternum
- SC Joints

#### Spine & Pelvis

- Cervical Spine
- Thoracic Spine
- Scoliosis Series
- Lumbar Spine
- Sacrum & Coccyx
- S.I. Joints
- Pelvis & Hips
- Pelvis
- Skeletal Survey

#### Upper Extremities

- R  L Shoulder
- R  L Clavicle
- A.C. Joints
- R  L Scapula
- R  L Humerus
- R  L Elbow
- R  L Forearm
- R  L Wrist
- R  L Scaphoid
- R  L Hand
- R  L Digits #1 2 3 4 5

#### Lower Extremities

- R  L Hip
- R  L Femur
- R  L Knee
- R  L Tib & Fib
- R  L Ankle
- R  L Foot
- R  L OS Calcis
- Stress Views
- R  L Toes no. 1 2 3 4 5  
(Wt. bearing views Morton's Neuroma)

## ULTRASOUND

### BY APPOINTMENT ONLY

- Abdomen
- Pelvis
- T/Vag.
- Obstetric
- R  L Breast
- Bladder
- Scrotum
- Neck
- Thyroid

#### Musculoskeletal

- Sports Injury U/S
- R  L Shoulder
- R  L Knee
- R  L Achilles tendon
- R  L Ankle
- R  L Foot
- Plantar Fascia
- R  L Wrist
- R  L Elbow
- Other areas

Additional Views and Other Examination \_\_\_\_\_

Clinical Information \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Date \_\_\_\_\_

cc \_\_\_\_\_

### APPOINTMENT

Date: \_\_\_\_\_

Time: \_\_\_\_\_



**PATIENT INSTRUCTIONS ON BACK**

**PLEASE BRING HEALTH CARD**

**FRAGRANCE FREE FACILITY**

# X-RAY PREPARATIONS

Please bring Health Card

**STOMACH & DUODENUM (G.I Series):**

Nothing to eat or drink after midnight the evening prior to examination.

**Colon (BARIUM ENEMA):**

The day prior to examination - clear fluids only.  
Take Klean Prep at 4 p.m. Follow instructions on package.  
Nothing to eat or drink after midnight.

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## ULTRASOUND PREPARATION

**ABDOMEN & PELVIC:**

Appointment - Nothing to eat or drink after midnight.  
NO BREAKFAST. Drink 5 large glasses of water  
(35 - 40 oz.) to be finished 1 Hour before the test.  
DO NOT EMPTY BLADDER

**ABDOMINAL U/S:**

Nothing to eat or drink after midnight. No breakfast

**PELVIC U/S:**

Drink 5 large glasses of water (35 - 40 oz.)  
to be finished 1 Hour before the test.  
DO NOT EMPTY BLADDER

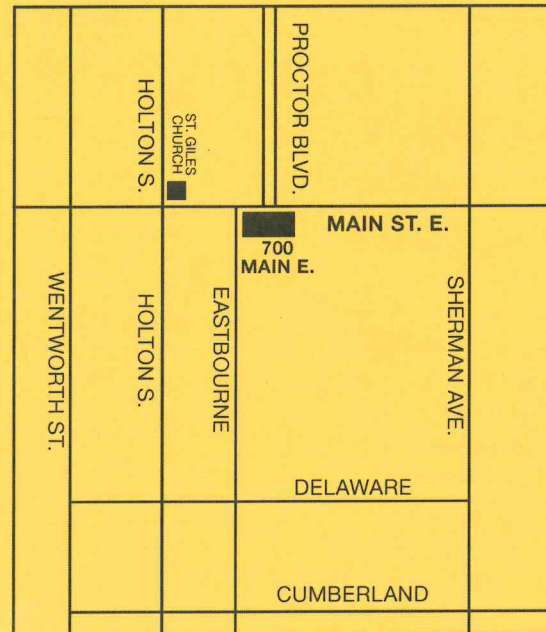
**MSK ULTRASOUND:**

Please wear loose clothing.

## DIRECTIONS



PARKING on Proctor Blvd, Holton Ave S,  
Eastbourne between Delaware  
and Cumberland only.



### 700 MAIN X-RAY & ULTRASOUND

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Tel: (905) 549-5611 • Fax: (905) 549-0302

Mon-Friday 8am -5pm

Saturdays 9am-2pm with the exception of long  
weekends and stat holidays

**Wheelchair lift in building. Go to back door and buzz in, then go to pharmacy and get them to call us.**