

# Apple-Med X-ray & Ultrasound Inc

Applewood Village Plaza (upstairs – see map over)  
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QEW  
&  
Cawthra

## HOURS for WALK-IN X-RAYS

Mon–Thurs: 9-1 & 1:30-7 • Fri: 9-1 & 1:30-5 • Sat: 9-1

Name: Last/First \_\_\_\_\_  M  F

DOB: dd / mm / yy Health No: \_\_\_\_\_ Ver: \_\_\_\_\_

Tel: R \_\_\_\_\_ B \_\_\_\_\_ x \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Ref #: \_\_\_\_\_

X-RAY (No appointment needed)	ULTRASOUND (By Appt) Follow Preparations On Back	APPOINTMENT
Chance of pregnancy? Please tell us before x-ray		
<p><b>Head &amp; Neck</b></p> <input type="checkbox"/> Sinuses <input type="checkbox"/> Skull <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nose <input type="checkbox"/> Orbits (pre-MRI) <input type="checkbox"/> Orbits (TRAUMA) <input type="checkbox"/> Mandible <input type="checkbox"/> TM Joints <input type="checkbox"/> Adenoids <input type="checkbox"/> Neck for FB <p><b>Chest &amp; Abdomen</b></p> <input type="checkbox"/> Chest <input type="checkbox"/> Chest (add'l) _____ <input type="checkbox"/> Ribs & PA Chest <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Sternum <input type="checkbox"/> Sterno-Clavicular Jts <input type="checkbox"/> Abdomen - 2/3 Views <input type="checkbox"/> Abdomen - KUB <input type="checkbox"/> _____ <p><b>Spine &amp; Pelvis</b></p> <input type="checkbox"/> Cervical + <input type="checkbox"/> Flex-Ext <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar + _____ <input type="checkbox"/> L/S Spine, S.I.Jts, Pelvis <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> Sacro-iliac Joints <input type="checkbox"/> Pelvis & Hips <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Pelvis <input type="checkbox"/> Scoliosis Series - AP (3')	<p><b>Upper Extremity</b></p> <input type="checkbox"/> L <input type="checkbox"/> R Shoulder <input type="checkbox"/> L <input type="checkbox"/> R Scapula <input type="checkbox"/> L <input type="checkbox"/> R Clavicle <input type="checkbox"/> B Sterno-Clavicular Jts <input type="checkbox"/> B Acromio-Clavicular Jts <input type="checkbox"/> L <input type="checkbox"/> R Humerus <input type="checkbox"/> L <input type="checkbox"/> R Elbow <input type="checkbox"/> L <input type="checkbox"/> R Forearm <input type="checkbox"/> L <input type="checkbox"/> R Wrist <input type="checkbox"/> L <input type="checkbox"/> R Scaphoid <input type="checkbox"/> L <input type="checkbox"/> R Hand & Wrist <input type="checkbox"/> L <input type="checkbox"/> R Hand <input type="checkbox"/> L <input type="checkbox"/> R Digit 1, 2, 3, 4, 5 <p><b>Lower Extremity</b></p> <input type="checkbox"/> L <input type="checkbox"/> R Hip(s) <input type="checkbox"/> L <input type="checkbox"/> R Femur <input type="checkbox"/> L <input type="checkbox"/> R Knee <input type="checkbox"/> L <input type="checkbox"/> R Tib-Fib <input type="checkbox"/> L <input type="checkbox"/> R Ankle <input type="checkbox"/> L <input type="checkbox"/> R Heel <input type="checkbox"/> L <input type="checkbox"/> R Foot & Ankle <input type="checkbox"/> L <input type="checkbox"/> R Foot <input type="checkbox"/> L <input type="checkbox"/> R Toes 1, 2, 3, 4, 5 <input type="checkbox"/> 3' Legs Length <p>Other: _____</p> <p><input type="checkbox"/> Arthritic Survey  <input type="checkbox"/> Skeletal Survey  <input type="checkbox"/> Bone Age</p>	
<b>GASTRIC (By Appt) Follow Preparations On Back</b>		
<p>34. <input type="checkbox"/> UGI Double Contrast &amp; Lower Esophagus</p> <p>35. <input type="checkbox"/> UGI Double Contrast &amp; Small Bowel</p>	<p>36. <input type="checkbox"/> LAP Band</p> <p>37. <input type="checkbox"/> Barium Enema</p>	
<b>General, Obstetrics, Small Parts</b>		
<b>Musculo-Skeletal</b>		
<p>7. <input type="checkbox"/> Abdo-Pelvis/Urinary Tract</p> <p>8. <input type="checkbox"/> Abdomen</p> <p>9. <input type="checkbox"/> Pelvis (Includes transvag for females unless contraindicated <input type="checkbox"/>)</p> <p>10. <input type="checkbox"/> Prostate-Transrectal</p> <p>11. <input type="checkbox"/> Obstetrical <input type="checkbox"/> &lt;18 wks  <input type="checkbox"/> 18+ wks <input type="checkbox"/> BPP</p> <p>12. <input type="checkbox"/> Nuchal Thickness (IPS)  <small>(11 wks to 13 wks 6 dys)</small></p> <p>13. <input type="checkbox"/> Thyroid / <input type="checkbox"/> Neck</p> <p>14. <input type="checkbox"/> Salivary Glands</p> <p>16. <input type="checkbox"/> Groins (Bilat)</p> <p>17. <input type="checkbox"/> Scrotum</p> <p>Other: _____</p>	<p>18. <input type="checkbox"/> L <input type="checkbox"/> R Shoulder</p> <p>19. <input type="checkbox"/> L <input type="checkbox"/> R Elbow</p> <p>20. <input type="checkbox"/> L <input type="checkbox"/> R Wrist / <input type="checkbox"/> Hand</p> <p>21. <input type="checkbox"/> L <input type="checkbox"/> R Hip (Adult)</p> <p>22. <input type="checkbox"/> B Hip (Child 3-52 wks CHD)</p> <p>23. <input type="checkbox"/> L <input type="checkbox"/> R Thigh / <input type="checkbox"/> Hamstring</p> <p>24. <input type="checkbox"/> L <input type="checkbox"/> R Knee / <input type="checkbox"/> Calf</p> <p>26. <input type="checkbox"/> L <input type="checkbox"/> R Ankle</p> <p>27. <input type="checkbox"/> B Achilles</p> <p>28. <input type="checkbox"/> B Plantar Fascia</p> <p>29. <input type="checkbox"/> L <input type="checkbox"/> R Foot</p> <p>12. <input type="checkbox"/> Abdo Wall for Hernia</p> <p>15. <input type="checkbox"/> Superficial Lump at _____</p>	<p>Day: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p><b>SEE BACK or WEB SITE for INSTRUCTIONS.</b></p> <p><b>Bring This Form &amp; Health Card</b></p> <p><b>For 1-45, please make an appointment by number</b></p>
<b>BREAST IMAGING (By Appt) (C.A.R. Accredited)</b>		<b>BONE DENSITY (By Appt) (CBMD Accredited)</b>
<p>1. <input type="checkbox"/> Mammography (Routine)  <input type="checkbox"/> Implants Mammography  <input type="checkbox"/> Follow Up <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R</p> <p>2. <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>- see over for guidelines -</p> <p>4. <input type="checkbox"/> Dual Site <input type="checkbox"/> Forearm  <input type="checkbox"/> Pediatric <input type="checkbox"/> Total Body  <input type="checkbox"/> VFA (Vertebral Fract Assess)</p>	<p><b>Radiologists</b></p> <p>W Magnuson MD              N Macphadyen MD              D Widman MD              M Munshi MD              MM Foga MD              JP Bartucz MD              A Marriott MD              H Hejjaji MD              I Slezic MD              T Sheth MD              D Rosso MD              J Chan MD</p>
<b>VASCULAR LAB DOPPLER STUDIES (By Appointment)</b>		
<p>41. <input type="checkbox"/> Lower Extremity</p> <p><input type="checkbox"/> Arterial              ___ P.V.D              ___ Routine Follow Up              ___ Post Surg Angioplasty              ___ Post-Op Graft Surveillance              ___ Aneurysm              ___ ABI              ___ Toe Pressures</p> <p><input type="checkbox"/> Venous              ___ R/O DVT              ___ R/O Valvular Incompetence              ___ Venous Reflux              ___ Superficial Veins</p> <p>___ Other</p>	<p>43. <input type="checkbox"/> Carotid Doppler</p> <p>___ Bruit Evaluation              ___ Vertigo/Dizziness/Tinnitus              ___ Diabetes              ___ T.I.A. / CVA              ___ Hemiparesis              ___ Aneurysm              ___ Chronic Headaches</p>	<p>44. <input type="checkbox"/> Abdominal Doppler</p> <p>___ Aorta &amp; Iliacs              ___ Mesenteric              ___ Portal System              ___ Renal Artery &amp; Veins</p>
<p>42. <input type="checkbox"/> Upper Extremity</p> <p><input type="checkbox"/> Arterial              ___ P.V.D              ___ Routine Follow Up              ___ Radial Artery Surveillance              ___ Aneurysm</p> <p><input type="checkbox"/> Venous              ___ R/O DVT              ___ Superficial Veins</p> <p>___ Other</p>		

CLINICAL HISTORY:  Related prev  Routine  Screening  VERBAL – ASAP  CD To Dr with PT  FAX \_\_\_\_\_

Referred By: \_\_\_\_\_ (OHIP provider #: \_\_\_\_\_) CC: \_\_\_\_\_

**A. GENERAL NOTES:** (Please read additional information posted at clinic.)

**Weight Limit** – If over 300 lbs, please check with us for any restrictions.

**Waiting and exam times** – can vary depending on exam difficulties and complexities.

**Gender preference for staff?** Ask us when booking and also check for last minute change.

**How long for the test:** Best to allow 45 mins for 1ST exam and 30 mins for each extra exam (some exceptions)

**To cancel** – please give at least 1 work day's notice, to avoid being charged.

**Accessibility issues** – please check with us. Language concerns – Best to come with your own interpreter.

**Medications** – unless told, there is no need to stop medications.

**Any chance of pregnancy? (for x-ray patients) – tell us before the x-ray.**

**B. PREPARATION INSTRUCTIONS:** These apply to most adult patients. For children, very elderly and weak, or special situations, check with us. A two piece outfit with out any metal or plastics is better for most X-ray & Bone Density exams.

- ❑ **1. MAMMOGRAPHY:** 20-40 mins. No deodorant/powder. **This is a C.A.R Accredited Mammography site.**  
Please check: Is it mammo and/or ultrasound & Is it 12 months since last mammo. If implants, tell us when booking.
- ❑ **4. BONE DENSITY:** **This is a CBMD Accredited Bone Density centre.** If you have had Nuclear Medicine scan or barium tests, wait for 1 week for this test. Max – 350 lbs. Best to have clothing with no belts, buttons, zippers, domes, fasteners. OHIP frequency criteria: High risk patients: 12+ months; Low risk patients: 5+ years. (If you are not sure, please check with us.)
- ❑ **7. ABDOMEN & PELVIS combined / Urinary tract ultrasound:** 30-45 mins. No eating for 6 hrs – **and** – no fat, dairy or gas producing products for 8–10 hrs (as in # 8 below – Check with us for any exceptions). **Also complete drinking 40 oz of water, 60 minutes prior to examination (as in # 9 below) – Needs a full bladder.**
- ❑ **8. ABDOMEN Ultrasound:** 20-40 mins. Kidneys, Gall bladder, Liver, Spleen, Pancreas, Aorta.  
**MORNING exam:** Nothing to eat or drink for 8-10 hrs. Best to avoid gas producing and fatty items for last 10 hrs.  
**AFTERNOON exam:** Early breakfast, but no fat, dairy, or gas producing items for 10 hrs. No eating for 6 hrs.  
Note: if #7 is marked on the front, follow the instructions for # 7 above.  
For 7 & 8: **For 10 hrs prior to test,** best to avoid-Smoking, Carbonated beverages, Dairy products, Fatty or Fried foods.
- ❑ **9, 11, 12. PELVIS, TRANSVAGINAL and/or OBSTETRICAL Ultrasound:** 20-40 mins. **Needs full bladder.**  
**Complete drinking 40 oz (1.25 litres) of water, 1 hour before** your booked time. Start drinking 1.5 to 2 hours prior to appointment time. Don't void until after exam. If you are in extreme discomfort on arrival, please let us know.
- ❑ **10 TRANSRECTAL ULTRASOUND for Prostate:** 20-40 mins. **Needs full bladder.**  
– Take fleet Enema (obtain from pharmacy) rectally **1 hour before the test** – Follow instructions on the packet – **OR** –  
– Insert Dulcolax suppository (obtain from pharmacy) rectally 2 hours prior to exam. **ALSO, complete drinking 5 glasses of water (40 oz or 1.25 litres) 1 hour before the exam.** Bring PSA results if available.
- ❑ **13 to 29 and 41 to 44 exams:** No special preparation. (for Scrotum – if there is concern for torsion, go to hospital ASAP)
- ❑ **34, 35, 36. UGI:** (Esophagus, stomach & Duodenum – 20 to 45 mins); **UGI & small bowel:** 2 to 5 hrs; **Lap Band:** Nothing to eat or drink for 10 hrs. Max – 300 lbs. Note: if mainly for throat – best to do “Rapid Sequence Cine” at hospital.
- ❑ **37. BARIUM ENEMA (Colon):** 20-60 mins. Max 300 lbs.  
**For 24 hours prior to test:** Clear fluid diet only (water, jello, clear juices, soft drinks, consommé, clear broth)  
**On the afternoon prior to the test date:** Take **RoyVac or Citromag or Kleen-Prep or Colyte** to prepare the colon. (Two days before the test, purchase one of these laxatives from the drug store and follow the directions that come with it). Be prepared for Frequent toilet visits. People with constipation problem may need extra or longer preparation.  
Note : For children and very weak – half bottle of Citromag may suffice.

**DIRECTIONS TO CLINIC (Applewood Plaza) – QEW & CAWTHRA.**

We are on North Service Rd between Cawthra & Dixie (north of QEW and north of Dixie Mall).

You can access North Service Rd through: QEW, Dixie, Cawthra, Hurontario, Cliff Rd, Stanley Rd & Camilla Rd.

In the plaza, our entrance is behind TD bank building (between Home Health Care & Trillium Gift shops).

