Imagix B

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PHYSICIAN

ADDRESS OR STAMP OF ATTENDING PHYSICIAN

Signature of attending physician required | Licence | Date

REPORT
❑ French ❑ English

PATIENT

Name: _____

D.O.B.: _____ / _____ / _____

Tel.: _____

Email: _____

❑ CNESST ❑ SAAQ Pregnant ❑ Yes ❑ No

CLINICAL INFORMATION (MANDATORY)

Tech.: No. X-rays: Fluoro.: Min. Sec.

The numbers indicate that your examination requires preparation. Please read the instructions for the corresponding number on the back of this sheet.

X-RAY (without appointment)

LUNGS / CHEST / RIBS / ABDOMEN
❑ Lungs
❑ Thorax ❑ R ❑ L
❑ Sternum
❑ Abdomen

SPECIAL EXAMINATIONS
❑ Arthritic series
❑ Metastatic series
❑ Other (specify):

_____

HEAD / NECK
❑ Cranium
❑ Sinuses
❑ Facial bones
❑ Mandible (lower jawbone)
❑ Cavum
❑ Soft tissues of neck
❑ Nasal bones
❑ Orbits
❑ Mastoid bones
❑ T.M.J.

SPINE / PELVIS
❑ Cervical
❑ Thoracic
❑ Lumbosacral
❑ Sacroiliac joints
❑ Pelvis
❑ Hip ❑ R ❑ L
❑ Sacrum
❑ Coccyx
❑ Scoliosis series

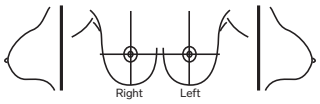
UPPER EXTREMITIES
❑ Acromioclavicular joints
❑ Sternoclavicular joints
❑ Bone age
❑ Clavicle ❑ R ❑ L
❑ Scapula ❑ R ❑ L
❑ Shoulder ❑ R ❑ L
❑ Humerus ❑ R ❑ L
❑ Elbow ❑ R ❑ L
❑ Forearm ❑ R ❑ L
❑ Wrist ❑ R ❑ L
❑ Hand ❑ R ❑ L
❑ Finger ❑ R ❑ L

LOWER EXTREMITIES
❑ Femur ❑ R ❑ L
❑ Knee ❑ R ❑ L
❑ Leg ❑ R ❑ L
❑ Ankle ❑ R ❑ L
❑ Foot ❑ R ❑ L
❑ Toe ❑ R ❑ L
Specify: _____
❑ Orthodiagraphy (lower extremity measurements)

Specify: _____

MAMMOGRAPHY / BONE DENSITOMETRY / HYSTEROSALPINGOGRAPHY (with appointment)

❑ Diagnostic (clinical information is essential) 4
❑ Enlargements/complementary images 4 ❑ Right ❑ Left
❑ Screening ages 50 to 69 (PQDCS) 4
❑ Screening ages 35 to 49, age 70 and over 4



❑ Bone densitometry 5
(including thoracolumbar spine profile)
Date of last examination: YYYY / MM / DD
❑ Hysterosalpingography

DIGESTIVE RADIOLOGY (with appointment)

❑ Esophagus 1 ❑ Barium enema 2 ❑ Barium meal 1 ❑ Small bowel series 1 ❑ Pharynx + esophagus (swallowing) 1

MUSCULOSKELETAL DIAGNOSIS AND TREATMENT (with appointment)

MUSCULOSKELETAL ULTRASOUND
❑ Diagnostic ultrasound only - Region: _____
❑ Diagnostic ultrasound and cortisone injection - Region: _____
❑ Cortisone injection only* - Region: _____
❑ Cyst puncture or aspiration - Region: _____
❑ Calcific lavage - Region: _____
❑ Other: _____

* Ultrasound-guided or fluoroscopy-guided, depending on availability

MUSCULOSKELETAL FLUOROSCOPY
❑ Arthrography and cortisone injection - Region: _____
❑ Arthrography and viscosupplement injection* - Region: _____
❑ Distensive arthrography of the shoulder ❑ Right ❑ Left
❑ Bursography - Region: _____
❑ Facet block(s) - Level(s): _____

* The patient must bring his/her own medication.

ULTRASOUND (with appointment)

❑ Abdominal 6
❑ Transvesical pelvic (and endovaginal if necessary) 7 A
❑ Spinal
❑ Thyroid
❑ Cardiac*
❑ Surface
❑ Breast
❑ Testicular

OBSTETRICAL (with appointment)

❑ First trimester pelvic OB exam (fetal heart and dating) 7 C
❑ Prenatal screening (nuchal translucency)*** 7 B

DOPPLER (with appointment)

VENOUS
❑ Detection of thrombosis (phlebitis) ❑ R ❑ L
❑ Upper extremities ❑ Lower extremities

ARTERIAL
❑ Aneurysm screening

OTHERS
❑ Carotid
❑ Renal

CT SCAN 8 (with appointment)**

❑ Cranium
❑ Orbits
❑ I.A.C.
❑ Sinuses
❑ Mastoid bones
❑ Soft tissues of neck
❑ Chest
❑ Cardiac calcium scoring
❑ Screening for lung nodules
❑ Abdomen
❑ Pelvic
❑ Virtual colonoscopy
❑ Spine _____
❑ Musculoskeletal _____
Creatinine 10 : Ref. value: _____
❑ Angioscan ❑ Thorax ❑ Abdominal
❑ Arthro-CT
Date: _____

MAGNETIC RESONANCE (MRI) 9 (with appointment)**

❑ Cerebral
❑ I.A.C.
❑ Orbits
❑ Facial bones
❑ T.M.J.
❑ Neck
❑ Brachial plexus
❑ Thorax
❑ Abdomen
❑ Prostate
❑ Cervical spine
❑ Thoracic spine
❑ Lumbar spine
❑ Total spine
❑ Musculoskeletal

	R	L		R	L
Shoulder	❑	❑	Hip	❑	❑
Elbow	❑	❑	Knee	❑	❑

❑ MR-angiography ❑ Cerebral ❑ Abdominal
❑ MRCP
❑ Arthro-MRI _____

❑ Other (specify): _____
Creatinine 10 : Ref. value: _____
Date: _____

*Fees apply for this test because it is interpreted by a cardiologist, not a radiologist.
**Fees apply for these tests.
***Fees apply for this test because it is interpreted by a gynecologist, not a radiologist.

Magnetic Resonance (MRI) - Important questionnaire to be completed by the physician and the patient

Last name: _____ First name: _____ D.O.B.: _____

	Yes	No	
The patient has:	❑	❑	a cardiac pacemaker
	❑	❑	cerebral, neck, or aorta metallic clips (specify) _____
	❑	❑	metallic implants or other devices (specify) _____
	❑	❑	prostheses: auditory, ocular, dental, capillary, joint or other (specify) _____
	❑	❑	rods, plates, nails or screws as a result of a fracture or surgery (specify) _____
	❑	❑	body piercing
	❑	❑	tattoos (specify) _____
	❑	❑	magnetic false eyelashes
	❑	❑	other factors (specify) _____
The patient:	❑	❑	has undergone surgery within the last 12 weeks
	❑	❑	is claustrophobic (if so, plan medication)
	❑	❑	is pregnant. No. of weeks: _____
	❑	❑	has allergies (specify) _____
	❑	❑	has glaucoma
	❑	❑	has had a prior eye injury involving a metallic foreign body (specify) _____
	❑	❑	has already had an MRI (specify) _____

Patient's weight: _____ Patient's height: _____

I have completed the above questionnaire with my physician. I confirm that the information provided is accurate and I agree to undergo the magnetic resonance (MRI) examination.

Date: _____ Physician's signature: _____ Patient's signature: _____

Please bring this form and your health insurance card with you on the day of the examination. Check the expiration date of your health insurance card.
If you are or think you might be pregnant, please inform the technologist BEFORE your examination.

PREPARATION INSTRUCTIONS – For patients aged 12 years or older

❶ ESOPHAGUS – BARIUM MEAL and/or SMALL BOWEL
No solids or liquids should be ingested after 8 p.m. the night before the exam, but patients may drink water until midnight. For patients who have an appointment in the afternoon, no solid food should be absorbed 8 hours before the exam. Do not smoke or chew gum. Examination of the small intestine can last anywhere from 30 minutes to 3 hours.

❷ BARIUM ENEMA
At least 2 days before the exam, purchase the product "Pico-Salax – 2 sachets" at the drugstore. Follow the preparation instructions found on our website.*

❸ INJECTION
For your safety, you must be accompanied by someone who will drive you back after getting your epidural blocks, foraminal blocks or cervical facet blocks and injections at the level of the ischia. **On the day of the injection, please provide the CD for any previous relevant examinations done in the past six months, along with a copy of the reports.**

❹ MAMMOGRAM
Do not use any deodorant, perfume, powder or body lotion the day of the examination. If your previous mammogram was performed elsewhere, bring both the film and report with you for comparison purposes.

❺ BONE DENSITOMETRY
The patient must not have undergone any examination with barium or nuclear medicine for at least 14 days before his/her appointment with us. **DO NOT TAKE CALCIUM SUPPLEMENTS OR VITAMINS FOR 48 HOURS BEFORE THE DAY OF THE EXAMINATION.**

❻ ABDOMINAL ULTRASOUND
If you have a morning appointment, you must not have any **solid or liquid food after midnight**. If you have an afternoon appointment, **you must not have any solid or liquid food 4 to 6 hours before the test**. Most importantly, **do not eat anything fatty on the morning of your exam**. Also, do not chew gum as this will cause you to inhale air and will result in a poorer-quality test. **(YOU CAN TAKE YOUR MEDICATION, BUT WITH AS LITTLE WATER AS POSSIBLE.)**

❼ ULTRASOUNDS
You must have finished drinking four eight-ounce (960 mL) glasses of water or juice 75 minutes before your examination and **you must not urinate**.

❼ A - Pelvic ultrasound: Be sure to have a FULL BLADDER when you arrive for your appointment. You must have finished drinking four eight-ounce (960 mL) glasses of water or juice 75 minutes before your examination and **you must not urinate.**

❼ B - Prenatal screening (nuchal translucency): No preparation is required, but **do not** urinate before the test.

❼ C - Obstetrical ultrasound: During the first trimester and at **18-20 weeks,** drink 2 glasses (8 ounces each) of water or juice 1 hour before the test and **do not urinate. At 21 weeks or more,** drink one glass (8 ounces) of water or juice 1 hour before the test and **do not urinate.**

❽ CT SCAN
A light meal (e.g. toast with jam, cereal or soup) is permitted before any type of CT scan. If it is a CT scan with contrast injection, please indicate if the patient is at risk of kidney failure (age, diabetes, etc.).

Creatinine: Ref. value: _____ **Date:** _____

VIRTUAL COLONOSCOPY: Please follow the preparation on our website.*

❾ MAGNETIC RESONANCE (MRI)
For abdominal examinations, magnetic resonance cholangiograms, entero-MRIs and pelvic MRIs, **you must fast (no food or drink) for six (6) hours before your examination.**

❿ CREATININE
The creatinine clearance test can be performed on-site the same day.

YOU CAN CONTINUE TAKING YOUR MEDICATION, WITH ONLY A LITTLE WATER, UP UNTIL 2 HOURS BEFORE THE EXAMINATION.

* You can find the specific preparation for your examination on our website: **imagix.biron.com/en**.

WHERE TO FIND US

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Radiologie Chomedey
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Radiologie Sainte-Dorothée
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J7P 4J2

Radiologie Sainte-Thérèse
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J7E 3J8

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Radiologie Montréal-Nord
5636 Henri-Bourassa Blvd. East,
H1K 2T2

Radiologie Laënnec
1100 Beaumont Avenue, Suite 104
H3P 3H5

Radiologie Saint-Laurent
1605 Marcel-Laurin Blvd., Suite 290
H4R 0B7

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Radiologie Boucherville
600 Fort St-Louis, Suite 202
J4B 1S7

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2340 Lapinière Blvd., Suite A
J4Z 2K7

Radiologie Châteauguay
230 Brisebois Blvd., Suite 201
J6K 4W8

Radiologie DIX30 (partnership)
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J4Y 0E2

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