

## PHYSICIAN

ADDRESS OR STAMP OF  
ATTENDING PHYSICIAN

## REPORT

French  English

Signature of attending physician required \_\_\_\_\_ Licence \_\_\_\_\_ Date \_\_\_\_\_

## 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)

### CHEST / RIBS / ABDOMEN

- Chest
- Thorax  R  L
- Sternum
- Abdomen

### SPECIAL EXAMINATIONS

- Arthritic series
- Metastatic series
- Other (specify): \_\_\_\_\_

### HEAD / NECK

- Cranium
- Facial bones
- Mandible (lower jaw)
- Cavum
- Neck soft tissue
- Nasal bones
- Orbits
- Mastoid bones
- T.M.J.

### SPINE / PELVIS

- Cervical
- Thoracic
- Lumbosacral
- Sacroiliac joints
- Pelvis  R  L
- Hip  R  L
- Sacrum
- Coccyx
- Scoliosis series

### UPPER EXTREMITIES

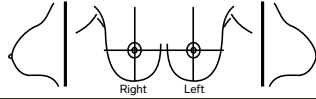
- Acromioclavicular joints
- Sternoclavicular joints
- Bone age
- Clavicle  R  L
- Scapula  R  L
- Shoulder  R  L
- Humerus  R  L
- Elbow  R  L
- Forearm  R  L
- Wrist  R  L
- Hand  R  L
- Finger  R  L

### 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: \_\_\_\_\_

## MAMMOGRAM / BONE DENSITOMETRY / HYSTEROSALPINGOGRAPHY (with appointment)

- Diagnostic (clinical information is essential) <sup>4</sup>
- Magnified / additional views <sup>4</sup>  Right  Left
- Screening ages 50 to 69 (PQDCS) <sup>4</sup>
- Screening ages 35 to 49, age 70 and over <sup>4</sup>



- Bone densitometry <sup>5</sup>  
(including dorsolumbar spine profile)  
Date of last examination: YYYY / MM / DD
- Hysterosalpingography

## DIGESTIVE RADIOLOGY (with appointment)

- Esophagus <sup>1</sup>  Barium enema <sup>2</sup>  Barium meal <sup>1</sup>  Small bowel follow-through <sup>1</sup>  Pharynx + esophagus (swallowing) <sup>1</sup>

## 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: \_\_\_\_\_

\* \* Will be done under ultrasound or fluoroscopy, depending on availability.

### MUSCULOSKELETAL FLUOROSCOPY

- Arthrography and cortisone injection - Region: \_\_\_\_\_
- Arthrography and viscosupplement injection\* - Region: \_\_\_\_\_
- Distension arthrography of the shoulder  Right  Left  
 Repeat 3 X as required
- Bursography - Region: \_\_\_\_\_
- Facet block(s) <sup>5</sup> - Level(s) : \_\_\_\_\_

\* Patients must bring their medication.

## ULTRASOUND (with appointment)

- Abdominal <sup>6</sup>  Thyroid  Breast
- Transvesical pelvic (and endovaginal if necessary) <sup>7A</sup>  Cardiac\*  Testicular
- Spinal  Surface

## OBSTETRICAL (with appointment)

- First trimester pelvic OB exam (fetal heart and dating) <sup>7C</sup>
- Prenatal screening (nuchal translucency)\*\*\* <sup>7C</sup>
- Third-trimester obstetric ultrasound (26 to 40 weeks)\*\*\* <sup>7B</sup>

## DOPPLER (with appointment)

### VENOUS

- Upper limbs (check for thrombosis (phlebitis))  R  L
- Lower limbs (check for thrombosis (phlebitis))  R  L
- Lower limbs (venous insufficiency assessment)\*\*\*\*  R  L

### ARTERIAL

- Aneurysm screening  ABI\*\*\*\*
- Upper limbs\*\*\*\*  Check for thoracic outlet\*\*\*\*
- Lower limbs (including ABI)\*\*\*\*

### OTHERS

- Carotid
- Renal

## COMPUTED TOMOGRAPHY (CT SCAN) <sup>8</sup> (with appointment)\*\*

- Cerebral  Thorax  Abdomen  Cervical spine  Pudendal nerve block, piriform
- I.A.C.  Calcium score <sup>9A</sup>  Pelvic  Thoracic spine  Foraminal block <sup>9</sup>:  1 root  2 roots
- Orbits  Lungs: screening for pulmonary nodules  Enterography  Lumbar spine  Angioscan  Thorax
- Sinus  Virtual colonoscopy  Osteoarticular  Abdominal
- Mastoid bones  Arthro-scan \_\_\_\_\_  Carotid
- Neck soft tissue
- Other (specify) \_\_\_\_\_

Creatinine <sup>10</sup>: Ref. value: \_\_\_\_\_ Date: \_\_\_\_\_

## MAGNETIC RESONANCE (MRI) <sup>9</sup> (with appointment)\*\*

- Cerebral  Facial bones  Thorax  Cervical spine  R L  R L  MR-angiography
- I.A.C.  T.M.J.  Abdomen  Thoracic spine  Shoulder  Hip   Cerebral  Abdominal
- Orbits  Neck  MR cholangiography  Lumbar spine  Elbow  Knee   MR-arthrogram \_\_\_\_\_
- Other (specify): \_\_\_\_\_  Brachial plexus  Prostate  Total spine  Wrist  Ankle

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

The patient has:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	a cardiac pacemaker
<input type="checkbox"/>	<input type="checkbox"/>	brain, neck, aorta metal clips (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	metallic implants or other devices (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	prostheses: auditory, ocular, dental, capillary, joint or other (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	rods, plates, nails or screws as a result of a fracture or surgery (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	body piercing
<input type="checkbox"/>	<input type="checkbox"/>	tattoos (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	magnetic false eyelashes
<input type="checkbox"/>	<input type="checkbox"/>	other factors (specify) _____

The patient:

<input type="checkbox"/>	<input type="checkbox"/>	has undergone surgery within the last 12 weeks
<input type="checkbox"/>	<input type="checkbox"/>	is claustrophobic (if so, plan medication)
<input type="checkbox"/>	<input type="checkbox"/>	is pregnant. No. of weeks: _____
<input type="checkbox"/>	<input type="checkbox"/>	has allergies (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	has glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	has had a prior eye injury involving a metallic foreign body (specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	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

For children age 12 and under: Please follow the preparation instructions on our website: [imagix.biron.com/en](http://imagix.biron.com/en)

### 1 ESOPHAGUS – BARIUM MEAL and/or SMALL BOWEL FOLLOW-THROUGH

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. The small bowel follow-through examination can take from 30 minutes to three hours.

### 2 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.\*

### 3 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.

### 4 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.

### 5 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.**

### 6 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.)**

### 7 PELVIC ULTRASOUNDS

You must have finished drinking four 8-ounce (960 mL) glasses of water or juice 75 minutes before your examination and you must not urinate.

**7 A - Pelvic ultrasound: Be sure to have a FULL BLADDER when you arrive for your appointment. You must have finished drinking four 8-ounce (960 mL) glasses of water or juice 75 minutes before your examination and you must not urinate.**

**7 B - Pelvic obstetric third trimester: no preparation required. Do not urinate before the examination.**

**7 C - Pelvic obstetric ultrasound:** For first trimester and prenatal screening (nuchal translucency): Drink two 8-ounce glasses of water or juice **one hour before the examination and do not urinate.**

### 8 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.\*

**8 A – Calcium score:** Avoid exercising and consuming caffeine in the four hours before the exam.

### 9 MAGNETIC RESONANCE (MRI)

For abdominal examinations, MR cholangiographies, MR enterographies and pelvic MRIs, you must fast (no food or drink) for six (6) hours before your examination.

### 10 CREATININE

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

**YOU MAY TAKE YOUR MEDICATION WITH A MINIMUM AMOUNT OF WATER UP TO TWO HOURS BEFORE YOUR EXAMINATION.**

\* You can find the specific preparation for your examination on our website: [imagix.biron.com/en](http://imagix.biron.com/en)

## WHERE TO FIND US

### GRANBY

Radiologie Granby  
66 Court Street, Suite 100  
J2G 4Y5

### LAVAL - LAURENTIDES

Radiologie Blainville  
519 Curé-Labelle Blvd.,  
J7C 2H6

### Radiologie Chomedey

610 Curé-Labelle Blvd.,  
H7V 2T7

### Radiologie Sainte-Dorothée

3 Samson Blvd., Suite A  
H7X 3S5

### Radiologie 440

4650 Desserte S., Autoroute 440,  
Suite 135, H7T 2Z8

### Radiologie Saint-Eustache

75 Grignon Street, Suite 18  
J7P 4J2

### Radiologie Sainte-Thérèse

233 Turgeon Street, Suite 104  
J7E 3J8

### MONTREAL

#### Radiologie Cabrini

5700 Saint-Zotique Street East, Suite 101  
H1T 1P7

### 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

### MONTÉRÉGIE

#### Radiologie Boucherville

600 Fort St-Louis, Suite 202  
J4B 1S7

### Radiologie Brossard

2340 Lapinière Blvd., Suite A  
J4Z 2K7

### Radiologie Châteauguay

230 Brisebois Blvd., Suite 201  
J6K 4W8

### Radiologie DIX30 (partnership)

9090 Leduc Blvd., Suite 190  
J4Y 0E2

### TROIS-RIVIÈRES

#### Radiologie des Récollets

1900 des Récollets Blvd., Suite 185  
G8Z 4K4

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