



# X-Ray & Ultrasound

a division of Kingston Medical Imaging Inc.

East End Clinic   
 836 John Marks Avenue  
 Kingston, Ontario K7K 0J7  
 Tel: (613) 549-8775  
 Fax: (613) 549-8857

[www.kingstonxray.com](http://www.kingstonxray.com)  
[www.kingstonultrasound.com](http://www.kingstonultrasound.com)

West End Clinic   
 776 Blackburn Mews Mall East  
 Kingston, Ontario K7P 2N7  
 Tel: (613) 384-5488  
 Fax: (613) 384-9492

<b>PATIENT'S NAME:</b>	Date of Birth:
Address:	Ontario Health Number:
Daytime phone number:	Evening phone number:

**CLINICAL INFORMATION:**  
 (required)

Stat Report

**ULTRASOUND EXAMINATION REQUESTED**  
 (by appointment only)

Abdomen (includes liver, biliary system, kidneys, spleen, pancreas, major vessels)

Limited Abdomen follow-up

Hernia

Obstetric – please specify  
 <18 wks – indication: \_\_\_\_\_  
 >18 wks – Fetal Sizing Only

Pelvis **ONLY** (includes bladder and pelvic organs) \_\_\_\_\_

Limited Pelvis follow-up

Pelvis and Transvaginal

Scrotum

Thyroid

Other (please specify): \_\_\_\_\_

Carotid / Vertebral Arteries

Venous Extremities (DVT only) \_\_\_\_\_

Rt Leg       Lt Leg       Bilateral Legs

**X-RAY EXAMINATION REQUESTED**  
 (no appointment required):

LMP: \_\_\_\_\_

**TECHNOLOGIST COMMENTS**  
 (OFFICE USE ONLY)

**Physician's Signature** (required): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physician's Name** (please print): \_\_\_\_\_ Fax # for report: \_\_\_\_\_

Additional copy to: \_\_\_\_\_

**APPOINTMENT:** (Please arrive 5-10 minutes before your appointment time)

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

**\* PLEASE SEE REVERSE FOR PREPARATION INSTRUCTIONS & CLINIC LOCATIONS \***

*This requisition form can be taken to any licensed facility providing healthcare services including hospitals & IHFs such as those listed on the IHF Program website.  
<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>*

## PREPARATION INSTRUCTIONS FOR ULTRASOUND EXAMINATIONS

If you are not properly prepared for your examination, you may be rebooked.  
*Take any medication you are regularly scheduled to take with a small amount of water.*

\* **DIABETIC PATIENTS PLEASE NOTE:** If you are coming for an ultrasound of your **abdomen**, please take any required medication. Fast for 6 hours, if possible. If you are unable to fast for 6 hours, you may have a light, non-fatty snack (eg. Plain toast, juice).

• **ABDOMEN ONLY**

- **Adults:** Nothing to eat or drink for 6 hours before your appointment.
- **Children:** Nothing to eat or drink 3 to 4 hours before your appointment.

• **PELVIS**

- **Adults:** Finish drinking 24 ozs. (750 ml) of water 2 hours before your appointment.  
Do not empty your bladder
- **Children:** Finish drinking 16 ozs. (500 ml) of water 1 hour before your appointment.  
Do not empty your bladder

• **ABDOMEN and PELVIS (Only when having both examinations at the same time)**

- **Adults:** Nothing to eat for 6 hours prior to your appointment.  
Finish drinking 24 ozs. (750 ml) of water 2 hours before your appointment.  
Do not empty your bladder
- **Children:** Nothing to eat or drink 3 to 4 hours before your appointment.  
Finish drinking 16 ozs. (500 ml) of water 1 hour before your appointment.  
Do not empty your bladder

• **PREGNANCY UP TO 25 WEEKS GESTATION**

Finish drinking 24 ozs. (750 ml) of water 2 hours before your appointment.  
Do not empty your bladder

• **PREGNANCY GREATER THAN 25 WEEKS GESTATION**

Finish drinking 8 ozs. (250 ml) of water 1 hour before your appointment.  
Do not empty your bladder

• **ALL OTHER EXAMS**

No preparation required.

West End Clinic  
776 Blackburn Mews East  
Kingston, ON K7P 2N7



Scan for West Map



Scan for Website

East End Clinic  
836 John Marks Avenue  
Kingston, ON K7K 0J7



Scan for East Map

**Free Parking at Both Locations**

**\*\* APPOINTMENT TIMES ARE RESERVED FOR YOU. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY US 24 HOURS IN ADVANCE \*\***