RADIMED

www.radimed.ca

PATIENT INFORMATION

First and last name _____

Date of birth _____

Home phone number _____

Cellular phone number _____

E-mail _____

☐ **Pregnant** Advise the Technologist BEFORE the exam.

REFERRING PHYSICIAN INFORMATION

First and last name _____

Doctor's signature _____

Date _____ Lic. # _____

Report : ☐ french ☐ english

☐ CNESST ☐ SAAQ File # _____

CLINICAL INFORMATION (MANDATORY)

A Westmount Square

B Saint-Laurent

C West-Island

D Vaudreuil-Dorion

E Valleyfield

F Trois-Lacs

G Pierrefonds

GENERAL RADIOLOGY A B C D E F G without appointment

CHEST & ABDOMEN

- ☐ Chest
- ☐ Ribs L R
- ☐ Sternum
- ☐ KUB
- ☐ Abdomen series

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum & Coccyx
- ☐ S.I. joints
- ☐ Scoliosis series

HEAD & NECK

- ☐ Skull
- ☐ Facial bones
- ☐ Nose
- ☐ Neck soft tissues
- ☐ Mandible
- ☐ Orbits

SKELETAL SURVEY & BONE AGE

- ☐ Metastatic survey
- ☐ Arthritic survey
- ☐ Metabolic survey
- ☐ Bone age

UPPER EXTREMITIES

- ☐ Acromioclavicular joints
- ☐ Sternoclavicular joints
- ☐ Clavicle L R
- ☐ Scapula L R
- ☐ Shoulder L R
- ☐ Humerus L R
- ☐ Elbow L R
- ☐ Forearm L R
- ☐ Wrist L R
- ☐ Scaphoid L R
- ☐ Hand L R
- ☐ Finger L R

1 2 3 4 5

LOWER EXTREMITIES

- ☐ Pelvis
- ☐ Hip L R
- ☐ Femur L R
- ☐ Knee L R
- ☐ Patella L R
- ☐ Tib fib L R
- ☐ Ankle L R
- ☐ Foot L R
- ☐ Heel L R
- ☐ Toe L R

1 2 3 4 5

- ☐ Weight bearing views

SCANOGRAM

☐ Standing A C ☐ Lying down

MAMMOGRAPHY A C D E G with appointment

- ☐ Diagnostic
- ☐ Screening*

* RAMQ covers only 1 exam per year

PROCEDURES / INTERVENTIONS A C D E with appointment

- ☐ Therapeutic arthrography ☐ Bursa ☐ Intra-articular
  Region _____ L R
- ☐ Shoulder distensive arthrography L R
- ☐ Facet block level _____ L R
- ☐ Infiltration under US Region _____ L R
- ☐ Calcific Lavage
- ☐ PRP Infiltration A Region _____

CT scan A B with appointment

- ☐ Angiography _____
- ☐ Brain
- ☐ Sella turcica & Pituitary
- ☐ I.A.C. & Mastoids
- ☐ Orbits
- ☐ Sinuses
- ☐ Facial bones
- ☐ T.M. Joints
- ☐ Neck (ENT)
- ☐ Cardiac Scoring
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ S.I. Joints
- ☐ Sacrum-coccyx
- ☐ Chest
- ☐ Abdomen & Pelvis
- ☐ Enterography
- ☐ Virtual Colonoscopy
- ☐ Dentascan _____
- ☐ CT Coronarography
- ☐ MSK _____ L R
- ☐ Foraminal block level _____ L R
- ☐ Epidural block level _____ L R
- ☐ CT-Arthrography _____ L R
- ☐ Full Body Scan (included MRI head / neck / abdo-pelv plus CT Scan screening chest with Cardiac scoring plus Ultrasound carotid / thyroid / breasts for women)
- ☐ Others _____

DIGESTIVE RADIOLOGY A C D E with appointment

- ☐ Barium Swallow ☐ Upper G.I.
- ☐ SBFT (Small Bowel Series) ☐ Barium Enema

BONE DENSITOMETRY A C D E G with appointment

- ☐ Bone Densitometry RAMQ covers only 1 exam per year

ULTRASOUND A B C D E F G with appointment

- ☐ Abdominal ☐ Breast(s) L R
- ☐ Pelvic ☐ Prostate
- ☐ Endovaginal ☐ Testicles
- ☐ Neck & Thyroid
- ☐ OBS ☐ Dating ☐ Nuchal Tr. ☐ 1st ☐ 2nd ☐ 3rd trim.
- ☐ MSK region _____ L R
- ☐ Surface region _____ L R
- ☐ Doppler _____ L R
- ☐ Echocardiogram A

MAGNETIC RESONANCE A B C with appointment

- ☐ Brain
- ☐ Pituitary gland
- ☐ I.A.C. / mastoids
- ☐ Facial bones
- ☐ Orbits
- ☐ T.M. Joints
- ☐ Sinuses
- ☐ Neck (ENT)
- ☐ Salivary gland
- ☐ Angiography _____
- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine
- ☐ S.I. Joints
- ☐ Sacrum-coccyx
- ☐ Brachial Plexus
- ☐ Lumbar Plexus
- ☐ Abominal
- ☐ Pelvis
- ☐ Prostate
- ☐ Iron/fat quantific.
- ☐ Defecography
- ☐ Enterography
- ☐ Breasts
- ☐ MSK region _____ L R
- ☐ MR Arthrogram region _____ L R
- ☐ Full Body Scan (included MRI head / neck / abdo-pelv plus CT Scan screening chest with Cardiac scoring plus Ultrasound carotid / thyroid / breasts for women)
- ☐ Others _____

SEE AT THE BACK

Address
telephone #
fax #
E-mail
for each clinic