



A
Westmount Square

B
Saint-Laurent

C
West-Island

D
Vaudreuil-Dorion

E
Valleyfield

F
Trois-Lacs

G
Pierrefonds

SEE AT THE BACK

Address
telephone #
fax #
E-mail
for each clinic

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)

GENERAL RADIOLOGY A B C D E F G without appointment

CHEST & ABDOMEN

- ☐ Chest L R
☐ Ribs
☐ 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 L R
☐ 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 Region _____ L R
☐ PRP Infiltration A Region _____

CT scan A B with appointment

- ☐ Angiography _____ ☐ Cervical spine
☐ Brain ☐ Thoracic spine
☐ Sella turcica & Pituitary ☐ Lumbar spine
☐ I.A.C. & Mastoids ☐ S.I. Joints
☐ Orbits ☐ Sacrum-coccyx
☐ Sinuses ☐ Chest
☐ Facial bones ☐ Abdomen & Pelvis
☐ T.M. Joints ☐ Enterography
☐ Neck (ENT) ☐ Virtual Colonoscopy
☐ Dentascans _____
☐ Cardiac Scoring ☐ 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 ☐ Angiography _____
☐ Pituitary gland ☐ Cervical spine ☐ Abdominal
☐ I.A.C. / mastoids ☐ Thoracic spine ☐ Pelvis
☐ Facial bones ☐ Lumbar spine ☐ Prostate
☐ Orbits ☐ S.I. Joints ☐ Iron/fat quantific.
☐ T.M. Joints ☐ Sacrum-coccyx ☐ Defecography
☐ Sinuses ☐ Brachial Plexus ☐ Enterography
☐ Neck (ENT) ☐ Lumbar Plexus ☐ Breasts
☐ Salivary gland
☐ MSK region _____ L R
☐ MR Arthrograph 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 _____

INSTRUCTIONS FOR YOUR EXAM

ABDOMINAL ULTRASOUND: Fasting since midnight the day before if your exam is in the morning. Fasting 6 hours before if your exam is in the afternoon. Fat free breakfast.

PELVIC ULTRASOUND: Drink 750 ml of water. Please start 1h30 before the exam, do not urinate.

MAMMOGRAM: No deodorant, antiperspirant, powder or body lotion under your arms or on your breasts.

* Our mammography clinics are accredited PQDCS.

BONE DENSITOMETRY: Avoid taking calcium tablets, Tums, Roloids 24 hours before the exam. You must wait 10 days after having a barium or nuclear medicine examination.

CARDIAC SCORING: Take B-blocker Tenormin 50 mg 4 hours before the exam, as prescribed by your doctor. No food or drink 4 hours before your exam. No caffeine and no smoking 12 hours prior to the exam. No exercise 24 hours before.

UPPER G.I.: Fasting 12 hours before your exam. No liquid, no food, do not smoke and do not chew gum before the exam.

SBFT: Allow a minimum of 3 hours to do this exam. Fasting 12 hours before the exam. No liquid or food, do not smoke and do not chew gum before the exam.

BIARIUM ENEMA: Liquid diet (24 hours before the exam) clear soup (broth only), juice, jello, tea, coffee, no dairy products. Buy PURGODAN or PICO-SALAX at a drug store. Start to drink the laxative the day before the exam, the first dose at 8 a.m. and the second dose at 2 p.m. Drink a lot of water to stay hydrated while taking the laxatives. No fluid and no smoking after midnight.

CT SCAN ABDOMEN AND PELVIS: No food or drink 3 hours before the exam.

MRI WITH CONTRAST : No food or drink 3 hours before.

VIRTUAL COLONOSCOPY: The preparation related to this test will be explained to you when you make your appointment.

MRI SAFETY QUESTIONNAIRE

Pacemaker	Yes ☐	No ☐	Joint prosthesis	Yes ☐	No ☐
Stent	Yes ☐	No ☐	Hearing aid	Yes ☐	No ☐
Aneurysm clip	Yes ☐	No ☐	Denture or teeth braces	Yes ☐	No ☐
Ocular or cochlear implant	Yes ☐	No ☐	Metal plate, screw, nail, staples or sutures	Yes ☐	No ☐
Breast implant or marker	Yes ☐	No ☐	Shrapnel, bullet, gunshot	Yes ☐	No ☐
Magnetic penile implant	Yes ☐	No ☐	VP shunt	Yes ☐	No ☐
Insulin pump, Blood glucose sensor	Yes ☐	No ☐	IVC filter (Birdnest)	Yes ☐	No ☐
Neuro or biostimulator	Yes ☐	No ☐	Cotrel or Harrington rod	Yes ☐	No ☐
Nicotine or medicated patch	Yes ☐	No ☐	Metallic ocular foreign body	Yes ☐	No ☐
Tinted contact lenses	Yes ☐	No ☐	Tattoo, piercing or permanent makeup	Yes ☐	No ☐

Are you: ☐ Claustrophobic (if yes, have an Ativan prescription)

☐ Allergic (if yes, specify) _____

☐ Pregnant (if yes, how many weeks) _____

Have you ever had surgery? (if yes, specify)

WESTMOUNT SQUARE A

1 Westmount Square, suite C210
Westmount (QC) H3Z 2P9
Tel.: 514-939-9764
Fax: 514-939-9363
E-mail: info.ws@radimed.ca

SAINT-LAURENT B

6363 Transcanadienne, bureau 135
Ville Saint-Laurent (QC) H4T 1Z9
Tel.: 514-747-5995
Fax: 514-338-6996
E-mail: info.sl@radimed.ca

WEST-ISLAND C

215 Frobisher
Pointe-Claire (QC) H9R 4R9
Tel.: 514-697-9940
Fax: 514-697-3711
Fax: 514-697-8854 – MRI only
E-mail: info.wi@radimed.ca

VAUDREUIL-DORION D

600 Boulevard Harwood
Vaudreuil-Dorion (QC) J7V 6A3
Tel.: 450-218-6111
Fax: 450-218-7111
E-mail: info.vd@radimed.ca

VALLEYFIELD E

616 Chemin Larocque, suite 210
Salaberry-de-Valleyfield (QC) J6T 4C5
Tel.: 450-371-6442
Fax: 450-371-5062
E-mail: info.vf@radimed.ca

TROIS-LACS F

2555 Dutrisac, suite 105
Vaudreuil-Dorion (QC) J7V 7E6
Tel.: 450-424-2727
Fax: 450-424-9902
E-mail: info.tl@radimed.ca

PIERREFONDS G

12774 Boul. Gouin O, suite 26
Pierrefonds (QC) H8Z 1W5
Tel.: 514-822-7456
Fax: 514-822-7461
E-mail: info.pf@radimed.ca