

# CCMSU

## MEDICAL IMAGING

CANADIAN CENTRE FOR MUSCULOSKELETAL ULTRASOUND

**240 DUNCAN MILL ROAD**

Suite 804, Toronto, Ontario M3B 3S6

Tel: 416.391.5778 | Fax: 416.391.5779




Email: info@ccmsu.com | www.ccmsu.com

**New Location!**

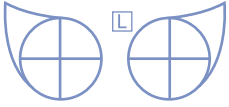
PATIENT INFORMATION			
PATIENT'S FIRST NAME			
LAST NAME			
DATE OF BIRTH	SEX	HEALTH NUMBER	VC
DAY MONTH YEAR			
TELEPHONE		HEALTH CARD EXPIRY	
ADDRESS			
TOWN/CITY		POSTAL CODE	
OFFICE USE ONLY <input type="checkbox"/> NEW PATIENT <input type="checkbox"/> PREVIOUS VISITS <input type="checkbox"/> YMS <input type="checkbox"/> SIMMS			

DIGITAL X-RAY | GENERAL | MSK | VASCULAR ULTRASOUND

## X-RAY

<b>CHEST</b> <input type="checkbox"/> CHEST <input type="checkbox"/> RIBS <input type="checkbox"/> STERNUM 	<b>ABDOMEN</b> <input type="checkbox"/> SINGLE VIEW (K.U.B.) <input type="checkbox"/> 3 VIEWS <b>SPINE &amp; PELVIS</b> <input type="checkbox"/> CERVICAL SPINE <input type="checkbox"/> THORACIC SPINE <input type="checkbox"/> LUMBAR SPINE <input type="checkbox"/> SACRUM/COCCYX <input type="checkbox"/> S.I. JOINTS <input type="checkbox"/> PELVIS <input type="checkbox"/> HIP	<b>HEAD &amp; NECK</b> <input type="checkbox"/> SKULL <input type="checkbox"/> SINUSES <input type="checkbox"/> FACIAL BONES <input type="checkbox"/> NOSE <input type="checkbox"/> MANDIBLE <input type="checkbox"/> T.M. JOINTS <input type="checkbox"/> MASTOIDS <input type="checkbox"/> ORBITS/MR <input type="checkbox"/> ADENOIDS	<b>UPPER EXTREMITIES</b> <input type="checkbox"/> CLAVICLE <input type="checkbox"/> A.C. JOINTS <input type="checkbox"/> S.C. JOINTS <input type="checkbox"/> SHOULDER <input type="checkbox"/> SCAPULA <input type="checkbox"/> HUMERUS <input type="checkbox"/> ELBOW <input type="checkbox"/> FOREARM <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> FINGER # _____ <input type="checkbox"/> BONE AGE 	<b>LOWER EXTREMITIES</b> <input type="checkbox"/> FEMUR <input type="checkbox"/> KNEE <input type="checkbox"/> TIB. & FIB. <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT <input type="checkbox"/> TOE # _____ <input type="checkbox"/> CALCANEUS 
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## ULTRASOUND

GENERAL	MUSCULOSKELETAL	VASCULAR LAB
<input type="checkbox"/> ABDOMEN <input type="checkbox"/> FEMALE PELVIC <input type="checkbox"/> TRANSVAGINAL <input type="checkbox"/> MALE PELVIC <input type="checkbox"/> TRANSRECTAL <b>OBSTETRICAL:</b> LMP: _____ <input type="checkbox"/> ROUTINE WEEKS: _____ <input type="checkbox"/> HIGH RISK <input type="checkbox"/> BPP <input type="checkbox"/> NUCHAL TRANSLUCENCY (IPS) <input type="checkbox"/> SCROTUM <input type="checkbox"/> THYROID <b>NECK</b> <input type="checkbox"/> SALIVARY GLANDS <input type="checkbox"/> LYMPH NODES <input type="checkbox"/> BREAST  <input type="checkbox"/> PROSTATE BIOPSY	<p><i>BILATERAL COMPARISON IS RECOMMENDED</i></p> <b>UPPER EXTREMITY</b> <input type="checkbox"/> SHOULDER / AC JOINT <input type="checkbox"/> ELBOW <input type="checkbox"/> LATERAL <input type="checkbox"/> MEDIAL <input type="checkbox"/> WRIST / HAND <input type="checkbox"/> EXTENSORS <input type="checkbox"/> FLEXORS <input type="checkbox"/> CTS <b>LOWER EXTREMITY</b> <input type="checkbox"/> HIP <input type="checkbox"/> GROIN <input type="checkbox"/> ABDOMINAL WALL <input type="checkbox"/> INGUINAL REGION <input type="checkbox"/> HIP FLEXORS <input type="checkbox"/> ADDUCTORS <input type="checkbox"/> HAMSTRING <input type="checkbox"/> KNEE <input type="checkbox"/> CALVES <input type="checkbox"/> ANKLE / FOOT <input type="checkbox"/> ACHILLES TENDON <input type="checkbox"/> PLANTAR FASCIA <input type="checkbox"/> OTHER AREA _____ 	<input type="checkbox"/> CAROTIDS <b>ARTERIAL</b> <input type="checkbox"/> UPPER PERIPHERAL ARTERIAL <input type="checkbox"/> THORACIC OUTLET SYNDROME <input type="checkbox"/> LOWER PERIPHERAL ARTERIAL <i>WITH ANKLE-BRACHIAL INDICES</i> <b>VENOUS</b> <input type="checkbox"/> UPPER PERIPHERAL VENOUS <input type="checkbox"/> LOWER PERIPHERAL VENOUS 

APPOINTMENT
DATE
TIME

CLINICAL INFORMATION
COPY TO:
REFERRING PHYSICIAN'S SIGNATURE

Ultrasounds are by appointment only. Please arrive 15 minutes before appointment time. Patients who arrive late for their appointment may be rebooked. Please call 24 hours in advance if you need to change your appointment, or you may be charged for the missed appointment.

*(See reverse side for patient instructions & map • Please bring health card and this requisition.)*



## PATIENT INSTRUCTIONS

### ABDOMINAL ULTRASOUND

- Fat free dinner the night before examination.
- Nothing to eat or drink after midnight.

### PELVIC/OBSTETRICAL OR TRANSABDOMINAL MALE PELVIC (PROSTATE) ULTRASOUND

- Drink 5 large glasses (40 oz) of water
- You must finish drinking the 40 oz of fluids one hour before your examination.
- DO NOT VOID - A full bladder is necessary for the examination.
- Please eat breakfast and lunch.

### ABDOMEN AND PELVIC ULTRASOUND

- Fat free dinner the night before examination.
- Nothing to eat or drink after midnight.
- Drink 5 large glasses (40 oz) of water one hour before examination.
- DO NOT VOID - A full bladder is necessary for the examination.

### SCROTUM, THYROID AND MUSCULOSKELETAL ULTRASOUND

- No preparation is required.

### PROSTATE BIOPSY

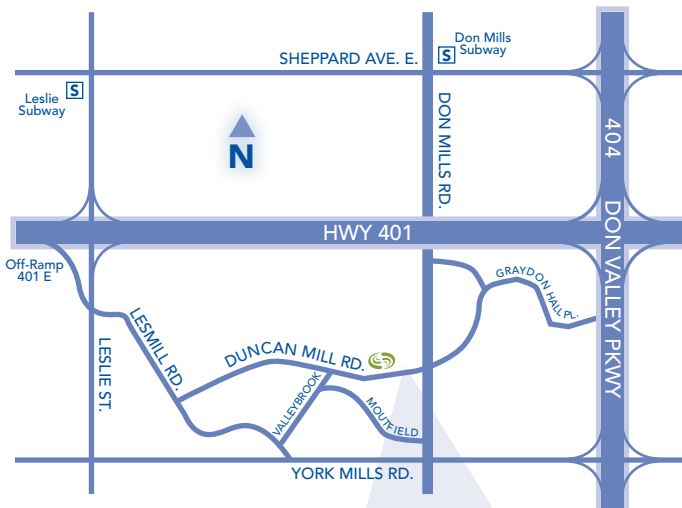
- Follow instructions provided by your Urologist.

### GENERAL X-RAY

- No preparation is required.

## LOCATION

### DIRECTIONS TO CCMSU MEDICAL IMAGING



### 240 Duncan Mill Road, Suite 804 ◀ *New Location!*

#### HWY 401 Eastbound

1. Take the Leslie St. exit.
2. Go through the lights at the off ramp and the street becomes a winding road called Lesmill Rd.
3. Take the first available left turn at Duncan Mill Road. Look for 240 Duncan Mill Road on the left after about 1 km.

#### HWY 401 Westbound

1. Take the Leslie St. exit.
2. Go left at the lights. Proceed south on Leslie
3. Turn left on Lesmill Road.
3. Take the first available left turn at Duncan Mill Road. Look for 240 Duncan Mill Road on the left after about 1 km.

#### Don Valley Parkway

1. Take the Don Valley Parkway to the York Mills exit.
2. Turn west onto York Mills and drive west about 1.5 kilometers to Don Mills Rd.
3. Turn right on Don Mills Rd. and drive north to the second set of lights then turn left onto Duncan Mill Road.
4. CCMSU, at 240 Duncan Mill Road is the first building on the right at the top of the hill. The entrance to the parking lot is on the west side of the building. CCMSU is located on the 8th floor.

## PARKING

Pay parking is available at 240 Duncan Mill. Additional pay parking is available at 225 Duncan Mill (across the street), and other neighbouring parking lots (P).

Please purchase adequate parking for your appointment, including anticipated wait time. CCMSU is not responsible for parking tickets. Parking lots in the area are subject to change without notice.



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For up-to-date information, please visit us at:  
[www.ccmsu.com](http://www.ccmsu.com)

*Please bring health card and this requisition.*