

GENERAL DIAGNOSTIC IMAGING

TO MAKE AN APPOINTMENT CALL OUR **BOOKINGS DEPARTMENT**OR VISIT WEBSITE **www.lxa.on.ca**TEL: 519-672-7900 FAX: 519-672-8731
FOR ALL OTHER INQUIRIES AND IMAGE REQUESTS CALL 519-672-5270

		quisition valid for 6 mon			
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	*T			*DOI	B:
*HEALTH CARD #:		*VE	VERSION CODE:		□ M □ F
NOTE: Non confir	ENT DETAILS - Plea rmation of appointment wil	ase arrive 10 minutes early. Bring your	ng cancelled.		
		IIME: ase give at least 24 hours no	LO		
Chest X-Ray - One ☐ Chest sign, sympt ☐ ☐ Long Term Care	e of the following MUST be tom, or other problem: Specify Admission	<i>y</i>	□ Lumbar Spine - Se □ Trauma/Fracture □ Congenital/Deve □ Spinal Stenosis/6 □ Ankylosing Spon □ Nerve Root Impin □ Hip □ Femur □ Knee □ Tib-fib □ Ankle □ Heel □ Heel	elopmental Disease Cauda Equina Syndrome dylitis/Inflammatory Condition ngement Shoulder L R Ac Joint L R Clavicle L R Clavicle L R Humerus L R Clabow L R	T be indicated. ☐ Infection ☐ Tumour
Has your patient hat Please provide us of the exam was no High Risk BMD included Low Risk BMD included	ad a previous BMD?	report Fragility Fracture det sociates 2. List any cortion conths)	ent had a fragility fra fined as spontaneous or w costeroids your patien dosa osphonates/bone bu dosa	cture after age 40? with minimal trauma not including nt is currently on if longer to age start da ilding medication your pati age start da	☐ Yes ☐ No ankle, foot, hand, skull and fa han 3 months te ent is currently on
		HY • BY APPOINT		-	BRADIEV —
ontario breast screening prod a cancer care ontario p	C.A.R. MAMMOGRAPHY ACCREDITED	OBSP AFFILIATE SCREENING SITE	OBSP (Ages 40-74)	Mammogram Routine Screening	☐ Implants Only
nust have a requisition	from their primary care provider. C	ge and over. Patients under 30 will l Only patients aged 40-74 can self-re	fer for OBSP.		
STORY/CLINICAL	FINDINGS (required):				

VISIT OUR WEBSITE: www.lxa.on.ca

PREPARATION AND INSTRUCTIONS: These instructions are IMPORTANT. Please follow them.

BONE MINERAL DENSITOMETRY (BMD)

□ **Do not take calcium pills the day of examination.** Undigested pills can interfere with the scan resulting in rebooking the examination. If possible, avoid wearing underwire bra, metal buttons, zippers or belt buckles over mid abdomen. A gown will be provided if necessary. If you have had a nuclear medicine dye injection or a barium study within the past two weeks, please reschedule your BMD test.

MAMMOGRAM

☐ Wear seperate top with skirt or slacks. No deodorant or talcum powder.

X-RAY PREPARATIONS

☐ Knee X-Ray or Lower Extremity - Bring or wear shorts.

GENERAL INFORMATION

- Please arrive 10 minutes in advance of your appointment time.
- Please bring your requisition with you.
- You will be asked at EACH VISIT to provide a VALID HEALTH CARE CARD.
- If you do not have your card you may be asked to return for your examination.
- Please call to cancel if unable to keep a booked appointment.
- Non confirmation of appointment will result in appointment being cancelled.

SEE SEPARATE REQUISITION FOR ULTRASOUND & ECHOCARDIOGRAMS

FAILURE TO COMPLY WITH THE ABOVE PREPARATION INSTRUCTIONS MAY RESULT IN THE EXAMINATION HAVING TO BE RESCHEDULED.

104-450 Central Ave.

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Fax: 519-672-2724

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London, ON N6K 4L2 Tel: 519-657-8246

Fax: 519-657-5439

595 Bradley Ave.

London, ON N6E 3Z8 Tel: 519-913-7900

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London, ON N6L 1A6 Tel: 519-438-8131

Fax: 519-936-0089

1657 Dundas St. E.

London, ON N5W 3C6 Tel: 519-659-4158

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TO MAKE APPOINTMENTS CALL OUR

BOOKINGS DEPARTMENT
MONDAY TO FRIDAY BETWEEN 8:00 A.M. TO 4:45 P.M.
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*Convenient Clinic Hours Including Evenings and Weekends!



















