

PATIENT & APPOINTMENT

Patient Name: _____ D.O.B: M/ D/ Y/ _____ Gender: _____

Address: _____ Phone: _____ PHN #: _____

Refer By: _____ MSP#: _____ Fax: _____ **APPT:** _____

CLINICAL INFORMATION / HISTORY

X-RAY EXAMINATION (No Appointment needed)

Weight-bearing

Ultrasound on Multiple Body Parts will be scheduled on separate dates

Proceed with X-Ray/Ultrasound if clinically indicated

UPPER EXTREMITY EXAMINATION (Mark all indicated/required parts)

HAND L R B

Hand & Digit

ELBOW L R B

SHOULDER & BICEPS L R B

WRIST L R B

Dorsal

Flexor

FOREARM L R B

ARM L R B

LOWER EXTREMITY EXAMINATION (Mark all indicated/required parts)

FOOT/FOREFOOT L R B

Neuroma (Plantar Plates, Tendons, Bursa)

Sesamoid Complex 1st Digit

FOOT/ANKLE L R B

Lateral Medial Anterior

FOOT/HEEL L R B

Plantar Fascia + Plantar Fibroma

Other

ACHILLES L R B

CALF L R B

ADD:

Popliteal Fossa Achilles

KNEE L R B

ADD:

Thigh Hamstrings Calf

THIGH L R B

ADD

Anterior Hip

Posterior/ Hamstring

Lateral

Medial Thigh/ Adductor

HIP L R B

Anterior Lateral

Posterior/ Gluteal

DVT, OTHER MSK & LUMPS:

ULTRASOUND PREPARATIONS

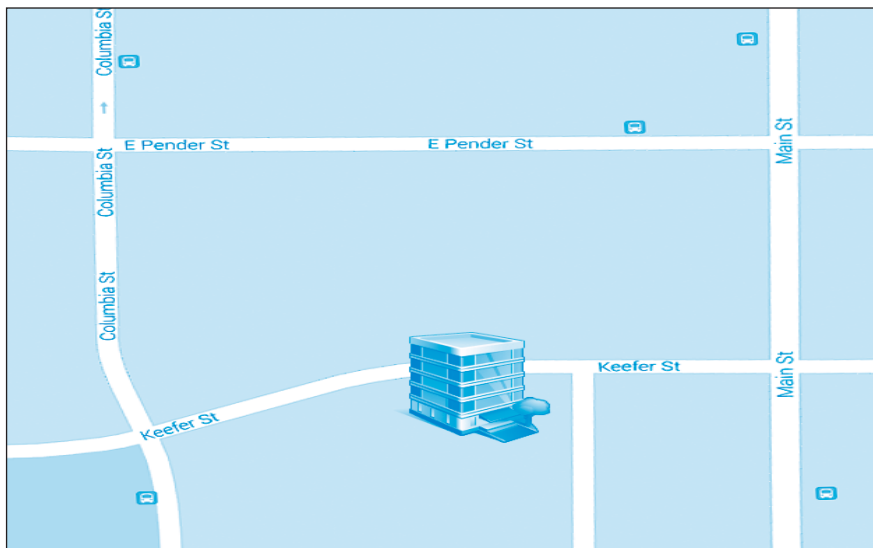
No Preparations required for all MSK examinations.

NOTES / CONSIDERATIONS

LOCATION & MAP

*Address & Direction: www.downtownradiology.ca

Kefer Medical Imaging (KMI)



Patient Parking: **EasyPark**

180 Kefer St. Level P2

Hours of Operation:

Mon - Sat 8:30 - 17:00

Kefer Medical Imaging (KMI)
205 - 180 Kefer St. Vancouver BC
V6A 4E7

✓Ultrasound ✓X-Ray