

**\* FOR MOBILE DIAGNOSTIC IMAGING FACILITIES \***

Please use separate page for each site for those facilities providing mobile services

Site Information:				
Location #:				
Facility Name:				
Site Code:				
Site Location:				
Location Type:				
Doctors Office	LTC Facility	Hospital	Correctional	Other
How often is the site visited?	Daily:	Weekly:	Monthly:	
Average hrs/visit?				
Where are images stored?				
Where are images interpreted?				

ULTRASOUND	
Number of abdominal examinations per visit:	
Number of obstetrical/gynaecological examinations per visit:	
Number of TVS examinations per visit?	
Number of vascular examinations per visit:	
Number of Nuchal translucencies per week:	

GENERAL RADIOGRAPHY	
Number of chest examinations per visit:	
Number of extremity examinations per visit:	
Number of other types of examinations not listed per visit:	

Copy pages as necessary