

Serving Elgin, Kent, Lambton & Middlesex Counties

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Ultrasound technology is one of the safest techniques used in Diagnostic Imaging. It uses high-frequency sound waves to generate images of the body. The procedure is generally painless and doesn't have risks of radiation which makes it safe for the detection of abnormalities.

The Ultrasound Department at FCHS operates Monday through Friday and performs approximately 2,400 scans per year. We perform a large variety of exams including:

- Obstetrical (view the uterus & ovaries of a pregnant woman and visualize the fetus)
 - Abdominal (diagnose diseases of the liver, kidneys, pancreas, spleen, gallbladder etc.)
 - Female pelvis (uterus, ovaries, bladder)
 - Male pelvis (prostate, bladder)
 - Thyroid/neck (check glands)
 - Vascular (evaluate flow in blood vessels)
 - Shoulder (assess injury to muscles/tendons)
 - Testicular

We also provide urgent bookings daily for patients from the emergency department that require an ultrasound to help aid in a diagnosis.

The current ultrasound unit at FCHS was purchased over 7 years ago and is now approaching end of life. It has been a "work horse" for our department but requires replacement with newer technology which will bring fast, precise, and consistent imaging to our patients.

With these advanced imaging tools and improved ergonomics, this new technology delivers exceptional quality for an accurate diagnosis and treatment.



Tammy Kovacs (CRGS, CRVS) FCHS Ultrasound Department

Please turn page over....

FOUR COUNTIES HEALTH SERVICES (FCHS)

ULTRASOUND CAMPAIGN - \$232,000



YES! Here is my gift to help the FCHS Ultrasound Campaign

Donation Amount: \$		Care Close to Home
Payment Method: CHEQUE	VISA	MASTERCARD
Card No.:		Expiry:
Signature:		CVC:
Email:		

YES! I would like to join the Monthly Giving Program



To all our committed supporters of FCHS Foundation



As chair of the Foundation, I hope you are well and keeping up to date on this pandemic that has changed our lives. As we experience a surge in cases, I hope that you and your families keep safe and healthy, and we can keep the number of cases low in our four counties area.

Since our last newsletter our generous community has enabled us to achieve our target for the COVID-19 - 2020 Spring Appeal. The Foundation continues to discuss ways we can support our hospital as we commence a campaign to raise funds for a new ultrasound machine. We are asking for your support to replace this vital piece of hospital equipment.

Once again we wish to remind the public that the Ontario Government does not fund capital equipment which is the responsibility of the FCHS Foundation and our donors. You, local companies, businesses and service clubs provide that support.

Quality healthcare and modern equipment are key to running our hospital efficiently and effectively. The Foundation and the FCHS staff aim to continue making FCHS a vibrant healthcare village.

Please consider what and when you can donate to the Foundation.

In these unprecedented times, I wish to thank all hospital staff, caregivers and management for making patient care a top priority and showing that we all have a role to play.

The Foundation is pleased to welcome two new members, Judy Bodkin and Collin Palmer; we look forward to working with them.

When you receive this newsletter the foundation will have completed our strategic planning session providing insight on how we move forward over the next few years.

On behalf of the Board of Governors of the Foundation, I thank you for your considerate financial support in our efforts to keep quality health care closer to home.

Lu Mo

Tom Jeffery Board Chair, FCHS Foundation

Meet FCHS Foundation Volunteer Board and Part Time Administrative Staff



YES! I would like to join the Monthly Giving Program

Board Governor

I would like to give \$ _____

Board Governor

METHOD OF PAYMENT: I authorize The Foundation of Four Counties Hospital to withdraw from my bank account through my financial institution on the 10th day of each month.

■ I have enclosed a VOID cheque ■ I prefer to use my credit card / ■ VISA ■ MASTERCARD

Card No.: _____ Expiry:_____

Signature _____ Date: ____

You will receive a tax receipt at the end of the year. At any time you can change or cancel your monthly contribution by notifying