

Diagnostic Imaging REQUISITION

Patient Label

Outpatient Booking: Fax (705) 743-1713 Ph. (705) 876-5039

| ☐ Inpatient ☐ Outpatient ☐ Ambulatory ☐ Non Ambulatory Hospital: Transportation: ☐ Ambulance ☐ Car | Patient Data (Print or place imprint upper right corner) Last Name: First Name: Sex: Male Female |
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| Physican Data: Name: Phone: Billing #: | Address: City: Postal Code: Phone: DOB: (dd/mm/yyyy) |
| | Health Card #: WSIB Claim # |
| Radiography Ultrasound Gastric/Fluoroscopy BMD last BMD done: Within 24 hours 24-48 Hours 3-10 Days Elective | |
| Examination Requested: | realization to the contract of |
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| History/Clinical Information (relevant to exam requested): | |
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| Prescriber signature: | Date: |
| Reports to: Dr: ; Dr: | (dd/mm/yyyy) |
| Reports to. Dr. , Dr. | ;Dr: |
| Previous related Imaging: No Yes If yes, | ;Dr: |
| Previous related Imaging: ☐ No ☐ Yes If yes, | ;Dr: |
| Previous related Imaging: ☐ No ☐ Yes If yes, | ;Dr: where: |
| Previous related Imaging: □ No □ Yes If yes, → INCOMPLETE OR ILLEGIBLE RE | ;Dr: where: QUISITIONS WILL BE RETURNED |
| Previous related Imaging: □ No □ Yes If yes, → INCOMPLETE OR ILLEGIBLE RE Appointment Date: Appointment Time: | ;Dr: where: QUISITIONS WILL BE RETURNED For D.I. use only. |
| Previous related Imaging: □ No □ Yes If yes, → INCOMPLETE OR ILLEGIBLE RE Appointment Date: | ;Dr: where: QUISITIONS WILL BE RETURNED ← For D.I. use only. Received: |

Patient Instructions

Ultrasound Abdominal Ultrasound Do not eat or drink anything after 10pm on the evening before your. Morning appointment: test. If you require heart medications, you should take these as per your normal routine. Do not eat or drink anything after 8am on the day of your test. Afternoon appointment: If you require heart medications, you should take these as per your normal routine. Pelvic Ultrasound Drink five (5) glasses of water (8 ounces each) before your test. You should be finished drinking this by one hour before your appointment time. Do not void after drinking this water as your bladder must be full. Unless contraindicated, an ultrasound probe may be inserted internally. Obstetrical Ultrasound Before 20 weeks (4 ½ months): Follow the instructions for pelvic ultrasound above. After 20 weeks (4 ½ months): No preparation is required. Other ultrasound tests: No preparation is required Gastrics Upper GI series: Do not eat or drink anything including oral medications after 10pm on the night before your appointment. Take any bedtime medications before 10pm. Bring your morning medications to the hospital and take them after your test. Do not smoke or chew gum the morning of your test. Small Bowel Follow-Through: Do not eat or drink anything after 10pm the night before your appointment. If you require heart medications, you should take these as per your normal routine. Expect to be in the department at least 2-3 hours. Bone Mineral Densitometry (BMD) No preparation required