

596 Davis Drive Newmarket, ON L3Y 2P9

Diagnostic Imaging - FAX: 905-830-5966

Health Record #:		Complete or place barcoded patient label here		
Patient Name: (Print first, last)		ραιιστι		
DOB: dd /mm / yy	Age:	_ Female	■ Male	
OHIP #:	Version Code	9:		
Phone #:				

## Radiography Requisition

### General Radiography, Gastrics, Special Procedures (e.g. arthrogram)

пашоўгарну печизніон	General hau	iography, dastric	s, Special Procedures (e.g. arthrogram)	
Patient Name: (print first, last)			Appointment Date: dd / mm / yy	
Address: Street Number + Nam	е	Apartment	Appointment Time:	
City	ince	Postal Code	Arrival Time:	
Health Card Number:		Version Code:	Hospital Record #:	
Other Insurance:	WSIB Number:		Date of Birth: dd / mm / yy	
Home: ( )	Work/Other: (	)	Patient Weight:	
Patient not available: From: dd / mm / yy	To: <u>dd</u> / mm	/ Reason:		
<b>Exam requested:</b> (all parts to be examined)				
Dalamant Official Information				
Relevant Clinical Information:				
Pregnant: No Yes LMP: dd / mm /	уу			
IV CONTRAST RISK:				
Diabetes: No Yes Metformin (Glu	cophage): $\square$ No	Yes A	allergy to the contrast:  \bigcirc No \bigcirc Yes	
Elevated creatinine: $\square$ No $\square$ Yes If yes, list the n	,			
PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.				
PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS.				
Referring Physician: (print first, last)	CPS0	#	Address:	
Signature:	Office	Phone: ( )	1	
		` '		



Tel. 905-895-4521 Fax. 905-830-5966

Website: www.southlakeregional.org

### **Diagnostic Imaging**

# Radiography Requisition Patient Preparations

Physicians please check appropriate box ( $\checkmark$ ) indicating patient preparation instructions.

Medications can be taken prior to your test with a **small** amount of water.

**Diabetics:** Please inform patient scheduling at 905-895-4521, ext. 2665 about your diabetes when booking your appointment. If you take insulin, you must consult your doctor about adjusting your dose.

Barium Swallow / Esophagus, Stomach, Duodenum (ESD) / Upper GI / Small Bowel (SBFT): Nothing to eat or drink after midnight. Please note the test for Small Bowel (SBFT) may take up to 3 hours to complete.
Adult Colon / Barium Enema:  Obtain CITROMAG and DULCOLAX tablets and DULCOLAX suppository from your pharmacist. Start the preparation the day before your test. Times shown are approximate.
<ul> <li>Noon</li> <li>Eat a low residue lunch (eg. clear soup, chicken sandwich without butter or lettuce, jello, skim milk).</li> <li>p.m.</li> <li>Drink a full glass of clear fluid (eg. water, pop, clear fruit juice, beer, tea or coffee with sugar but without cream).</li> <li>p.m.</li> <li>Drink a full glass of clear fluid.</li> <li>p.m.</li> <li>Drink a full glass of clear fluid.</li> <li>Drink a full glass of clear fluid.</li> <li>Drink one bottle of cold CITROMAG.</li> </ul>
Drink liberal amounts of clear fluids after each bowel movement. At bedtime, take one DULCOLAX tablet.
Morning of Test - Drink moderate amounts of clear fluids. DO NOT EAT. Upon waking, insert one DULCOLAX suppository in rectum and retain it until a forced evacuation occurs.
Paediatric Colon / Barium Enema: There is no preparation for children 10 years and under.

#### **PLEASE NOTE:**

- Bring this requisition and your Ontario Health card.
- Upon arrival you are required to check-in for your appointment at one of our Welcome Centres or Self-Serve Kiosks before proceeding to Diagnostic Imaging Reception.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.
- Diagnostic Imaging cannot perform any tests without a requisition signed by a physician.

The collecting of personal information on this form is done in accordance with Southlake's Privacy Policy, Details regarding this Policy are available on our website, www.southlakeregional.org.