



Diagnostic Imaging Requisition

X-Ray • Mammography • Ultrasound • B.M.D.

Ajax Site
580 Harwood Ave. South
Ajax ON L1S 2J4

Centenary Site
2867 Ellesmere Road
Scarborough ON M1E 4B9

Contact Central Booking

Telephone
(416) 281-7299
Toll Free 1-866-752-6989

Facsimilie
(416) 281-7493
Toll Free 1-866-752-6990

Emergency Department **Out Patient**
 Fracture Clinic **In Patient**

Appointment

Date	Time	Chart #
------	------	---------

Patient's last name	First name	Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth D M Y
---------------------	------------	---------	--	-----	--------------------------------------

Address _____

Telephone _____
Residence () Business ()

Health Card number _____ Version code _____

X-Ray

Examination of _____

Bone Density (B.M.D.)

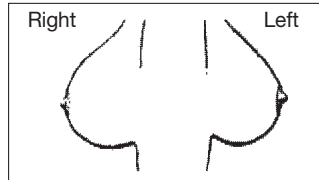
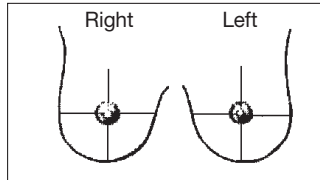
Baseline (1st BMD in Ontario)
 Low Risk (once every 36 months)
 High Risk (once every 12 months)

Ultrasound

Pediatric	<input type="checkbox"/> Head	<input type="checkbox"/> Spine	<input type="checkbox"/> Hips	<input type="checkbox"/> Abdomen
Obstetrical	<input type="checkbox"/> Biophysical Profile	<input type="checkbox"/> Routine – Gestation	<input type="checkbox"/> IPS (<i>Ajax Site only</i>)	
Pelvic	<input type="checkbox"/> Transvaginal	<input type="checkbox"/> Transrectal	<input type="checkbox"/> Prostate	
Abdomen	<input type="checkbox"/> G.B. + Bile ducts	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Liver	<input type="checkbox"/> Adrenals
	<input type="checkbox"/> Kidney	<input type="checkbox"/> Spleen	<input type="checkbox"/> Retroperitoneum	<input type="checkbox"/> Great vessels
Small Parts	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Scrotum	<input type="checkbox"/> Extremities	
Breast	<input type="checkbox"/> Bilateral: <input type="checkbox"/> Right <input type="checkbox"/> Left			
Vascular	<input type="checkbox"/> Carotid/Vertebral			
	<input type="checkbox"/> Venous	<input type="checkbox"/> Lower Extremity	<input type="checkbox"/> RT	<input type="checkbox"/> LT
		<input type="checkbox"/> Upper Extremity	<input type="checkbox"/> RT	<input type="checkbox"/> LT
			<input type="checkbox"/> Arterial	<input type="checkbox"/> Lower Extremity
				<input type="checkbox"/> RT <input type="checkbox"/> LT
				<input type="checkbox"/> Upper Extremity
				<input type="checkbox"/> RT <input type="checkbox"/> LT

Mammography

Routine screening mammogram
 Diagnostic mammogram (*indicate area of concern on diagram*)
 Bilateral Right Left



Clinical Information

Referring Physician _____

Address _____

Telephone _____ Fax _____
() ()

Copies to _____

Physician's Signature _____

X

Date _____

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

Patient Instructions

for **X-RAY EXAMINATIONS**

IVP

Take six Dulcolax tablets 4:00-6:00 p.m. on the evening before examination. No solid food on the day prior to the examination. Nothing to eat after midnight. No breakfast.

Barium Enema

At least two days before the examination, purchase either Evac Q Kwik Kit or Roy Vac Kit from pharmacy. Follow enclosed instructions.

Gastric Series (stomach or U.G.I.)

Nothing to eat or drink after 12:00 midnight. **No breakfast.**

Gastric Series and Small Bowel

Nothing to eat or drink after 12:00 midnight. This examination is carried out only in the early morning and may take 2-4 hours to complete.

for **BONE DENSITY (BMD)**

No preparation required

for **ULTRASOUND**

Obstetrical, Gynecological and Pelvic Examinations (including Prostate)

A full bladder is very important for this type of examination. Please drink **25-30 ounces of fluid** (not milk) one hour before your appointment time. **Do not empty bladder after drinking the liquid.**

Abdominal (liver, pancreas, gall bladder, kidneys)

- AM Appointments: Nothing to eat or drink after midnight
- PM Appointments: Patient may have a light, fat-free breakfast
- Pediatric (0-2 years): Nothing to eat two hours prior to appointment time

All other examinations

No preparation required.

Other instructions _____

for **MAMMOGRAPHY**

- **Do not wear deodorant or talcum powder** on the day of your appointment.
- Please bring this Requisition and your Health Card with you.
- If you do not speak English, please arrange to have a translator present on the day of your procedure.

It is the responsibility of the patient to follow-up with their referring physician for the results of their examination.

