

Diagnostic Imaging REQUISITION

| Pat | ient | Label | |
|-----|------|-------|--|
| | | | |

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

| ☐ Inpatient ☐ Outpatient | Patient Data (Print or place imprint upper right corner) | | | |
|--|--|--|--|--|
| ☐ Ambulatory☐ Non AmbulatoryHospital: | Last Name: First Name: | | | |
| Transportation: Ambulance Car | Sex: Male Female | | | |
| Transportation. — Timbularios — — Car | Cox. Similar Similar | | | |
| | Address: | | | |
| Physican Data: | City: Postal Code: | | | |
| Name: | Phone: DOB: (dd/mm/yyyy) | | | |
| Phone: | | | | |
| Billing #: | | | | |
| | Health Card #: | | | |
| | WSIB Claim # | | | |
| ☐ last BMD done: | c/Fluoroscopy | | | |
| (dd/mm/yyyy) | | | | |
| ☐ Within 24 hours☐ 24-48 Hours☐ 3-10 Days☐ Elective | | | | |
| Examination Requested: | | | | |
| Examination requested. | | | | |
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| | | | | |
| History/Clinical Information (relevant to exam requested): | | | | |
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| | | | | |
| Prescriber signature: | Date: | | | |
| | (dd/mm/yyyy) | | | |
| Reports to: Dr: ; Dr: | ;Dr: | | | |
| Description related because of No. 15 years 15 years 15 years | | | | |
| Previous related Imaging: No Yes If yes, where: | | | | |
| → INCOMPLETE OR ILLEGIBLE RE | QUISITIONS WILL BE RETURNED | | | |
| | | | | |
| Appointment Date: | For D.I. use only. | | | |
| Appointment Time: | Received: | | | |
| | | | | |
| | | | | |
| Please bring this requisition with you! | Booked: | | | |
| Please bring this requisition with you! | | | | |
| | Booked: Notified: | | | |
| | Booked: | | | |

Patient Instructions

Ultrasound Abdominal Ultrasound Morning appointment: Do not eat or drink anything after 10pm on the evening before your test. If you require heart medications, you should take these as per your normal routine. Afternoon appointment: Do not eat or drink anything after 8am on the day of your test. 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

at least 2-3 hours.

these as per your normal routine. Expect to be in the department

Bone Mineral Densitometry (BMD)

No preparation required