



PATIENT NAME _____

D.O.B. _____

HEALTH CARD # _____

ORDERING PHYSICIAN _____

DIAGNOSTIC IMAGING REQUISITION

Phone: 519-235-5163

Appointment required. Please call to book.

Date: _____

Time: _____

CLINICAL INFORMATION: (MANDATORY)

ER PATIENT

RETURN TO ER

FOLLOW UP WITH FAMILY PHYSICIAN

Please ensure female x-ray patients are not pregnant. LMP: _____ WSIB: _____

*** APPOINTMENT REQUIRED FOR ALL EXAMS – NO EXAMINATION WILL BE PERFORMED WITHOUT THIS REQUISITION. PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION TO THE HOSPITAL ON THE DATE OF YOUR EXAM ***

X-RAY EXAMS

ABDOMEN

- Single view supine/KUB
- Acute series supine/erect

HEAD & NECK

- Facial Bones
- Mandible
- Neck for Soft Tissues

CHEST

- Chest PA & Lat
- Ribs Right Left Bilateral

SPINE & PELVIC

- Cervical Spine
- Dorsal Spine
- Lumbar Spine
- Pelvis

UPPER EXTREMITIES

LOWER EXTREMITIES

Please write RIGHT or LEFT on the line provided.

- | | |
|------------------------------|---|
| Clavicle _____ | Hip _____ |
| Shoulder _____ | Pelvis & Hip _____ |
| Humerus _____ | Femur _____ |
| Elbow _____ | Knee _____ |
| Forearm _____ | Tib. & Fib. _____ |
| Wrist _____ | Ankle _____ |
| Scaphoid _____ | Foot _____ |
| Hand/Wrist _____ | Calcaneus _____ |
| Hand _____ | Toe _____ |
| Finger _____ | <input type="checkbox"/> Other x-ray exam (please specify): _____ |
| <input type="checkbox"/> ECG | |

G.I. TRACT

Please see instructions on reverse.

- Barium Swallow
- Upper G.I. Series
- Small Bowel Follow Through

BONE DENSITOMETRY

Please see instructions on reverse.

- Bone Mineral Density
- Last exam date and location: _____

ULTRASOUND

Please see instructions on reverse.

- OB for Dating (less than 16 weeks)
- OB – Routine (>20 weeks)
- OB – High Risk
- Abdomen – Complete
- Abdomen – Limited (specify): _____
- Aorta
- Bladder
- Renal
- Pelvis – proceed to transvaginal if appropriate
- Popliteal Fossa – Right Left
- Shoulder – Right Left Bilateral
- Thyroid
- Scrotal
- DVT Leg – Right Left
- Carotid Doppler – Please include list of medications.
- Other U/S exam (please specify): _____

Practitioner's Signature

Registration Number

Date



South Huron Hospital Association – Diagnostic Imaging Department
Phone: 519-235-5163

X-RAY PREPARATIONS (Please check appropriate box below)

If you are diabetic, please notify the Diagnostic Imaging Department when booking your appointment

G.I./BARIUM SWALLOW

- Have nothing to eat or drink at least 6 hours prior to your examination time.

SMALL BOWEL FOLLOW THROUGH

- One box Pico-Salax – the box contains 2 packets of bowel preparation. You will need to take both of them. You can pick this up at the pharmacy.

(Day before the examination)

- Eat a normal breakfast.
- Clear fluids for the rest of the day (no solid food or milk products).
- Take 1st packet of Pico-Salax at about 11:00 a.m. – mix it in a 150ml mug of cold water. You must continue to stir while drinking the mug of Pico-Salax to ensure all the laxative has dissolved. Drink one glass of water (or more) each hour over the next 3 hours to replace fluids lost throughout the cleansing process.
- Take 2nd packet of Pico-Salax at about 3:00 p.m. – mix it in a 150ml mug of cold water. Again, continue to stir while drinking to ensure the laxative has dissolved. Drink one glass of water (or more) each hour over the next 3 hours.
- Liquid dinner of clear fluids (apple juice, chicken broth, jell-o, popsicles, water, black tea, or black coffee, etc.).
- Nothing to eat or drink after midnight – Do not eat or drink anything in the morning.
- The exam may take 2-4 hours to complete. Please be prepared to stay that long.

BONE MINERAL DENSITY

- Please wear clothing with no buttons or zippers & no underwire bra.
- No calcium on day of examination.

ULTRASOUND PREPARATIONS (Please check appropriate box below)

ABDOMEN (Complete or Limited Study)

- Have nothing to eat or drink after midnight.

PELVIC EXAMINATION (Male or Female)

- Have 40 oz. (1200ml) of water consumed and finished 1 hour prior to your appointment time. DO NOT empty your bladder until after your examination.

OBSTETRICAL EXAMINATION

- Preparation the same as Pelvic Examination above.

ALL OTHER EXAMINATIONS

- No preparation required.