

DIAGNOSTIC IMAGING <u>FAX requisition</u> to (705) 653-3601 Incomplete Requisitions will be returned

☐ IN-PATIENT ☐ OUT-PATIENT	URGENT	☐ ELECTIVE
PATIENT INFORMATION (Please Print)	PHYSICIAN INFORMA	ATION (Please Print)
Last Name	Physician Name	
First Name	Phone	Billing No
Address	Copies to:	
City Postal Code		
Phone DOB DMY		
Health Card No		
RADIOGRAPHY Examination(s) requested: History:		
nistory.		Physician's Signature
ULTRASOUND Examination(s) requested:		, ,
Right Left History: BREAST STUDIES Routine Screening Previous Mammogram? Yes No	□ Ri	ight ☐ Left ———————————————————————————————————
Breast Implants? Yes No History:		
BONE MINERAL DENSITY (BMD) Previous BMD? Yes No Location Please Fax prior report if not completed at CMH. The information request. History: Risk: Low (36 mos.) Low (60 mos.) Treatment: None Calcium Vit D Birelia Forteo Evista	_	
	ETED IN FULL 9 OLG	Physician's Signature
ALL OF THE ABOVE MUST BE COMPL R THE PATIENT 1. If you think you might be preging 2. Please see over for instruction 3. Your personal health information personal care unless you have	nant, please inform the radiol is. Your doctor will check the ion will be disclosed only to c	ogy technologist. appropriate box. are providers involved in your
kings Department use only t: Appt:	Appt:	
e:Time: Date:Ti		Time:
ssage left: Confirmed: Message left: Co	onfirmed: Messa	ge left: Confirmed:

PATIENT INSTRUCTIONS

RADIOGRAPHY

Upper GI Series or Barium Swallow:

- Do not eat or drink anything (including oral medications) after 10 p.m. on the night before your appointment.
- Take any bedtime oral medications before 10 p.m. Bring your morning oral medications to the hospital and take them after your test.
- Do not smoke or chew gum on the day of the examination.

ULTRASOUND

Diabetic patients should advise booking clerk at time of appointment and diagnostic staff on arrival at the department.		
<u>Abdominal and Pelvis Ultrasound</u> : No food 6 hours prior. Drink 6 full glasses of <u>water</u> one hour prior to appointment time.		
Pelvic & Early OBS Ultrasound:		
Finish 6 full glasses of water one hour prior to appointment time. DO NOT VOID UNTIL INSTRUCTED .		
G.U., KUB Ultrasound: Finish 3 full glasses of water one hour prior to study. DO NOT VOID UNTIL INSTRUCTED .		
Late OBS Ultrasound (after 4 th month): Finish 2 full glasses of water one hour prior to study.		
All Others: No preparation required.		

BREAST STUDIES

Do not use deodorant, talcum powder or any other ointment or cream on your breasts or underarms before your exam.

Dress comfortably, preferably in a two piece outfit since you will be asked to undress above the waist for the procedure

BONE MINERAL DENSITY

Cannot be done within one week of any Barium test (Upper GI, Barium Enema) or any Nuclear Medicine test. Bring a list of medications. Wear loose clothing, preferably without zippers.

OTHER

- If you require heart medications, you should take these as per your normal routine, using very small sips of water.
- Clear fluids include apple juice, clear jellies, consommé, water and tea. They do not include milk, coffee or orange juice.
- If you require insulin injections, you should discuss this with your doctor prior to coming for your test. Please inform the technologist.