

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

OUT-PATIENT					I TYPE <u>:</u>	
PATIENT INFORM	MATION (Please Pri	<u>nt</u>)	PHYSICIAN INFORMATION (Please Print)			
Last Name			Physician Name			
First Name			Phone	Bi	lling No	
Address			Fax			
City Postal Code Phone Home#Cell#						
			Copies to			
DOB DMY						
Health Card No						
RADIOGRAPHY						
History:						
ULTRASOUND				Date	Physician's Signature	
☐ Carotid Dopp History:		rial Doppler 🔲 Ar ht 🗌 Left	m 🗌 Leg	☐ Venous Do ☐ Right	ppler 🗌 Arm 🗌 Leg] Left	
				Date	Physician's Signature	
	ogram? 🗌 Yes 		ario Breast Scree	ening		
Breast Implants? History:						
			_	Date	Physician's Signature	
Previous BMD? <i>Please Fax prior re</i> <i>request.</i> History : Risk: Treatment: None	Low [] High [] E Calcium [_	Location at CMH. The informa Risk Factors: Vit D Bisph	Date tion below must be	completed for a k	oone mineral density	
Prolia	I Forteo	」 Evista		Date	Physician's Signature	
↑ ALL OF TH	E ABOVE MUS	T BE COMPLE	TED IN FULL	& SIGNED B	Υ ΤΗΕ ΡΗΥSICIAN 1	
FOR THE PATIENT	\rightarrow 1. If you think	you might be pregnar	nt, please inform the	e radiology techno	ologist.	
		over for instructions. nal health information				
personal care unless you have expressly withheld or withdrawn your consent to do so.						

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

- Abdominal: No eating or drinking for at least 6 hours prior to study. (Medications are allowed with small sips of water). Diabetic patients should advise booking clerk at time of appointment and diagnostic staff on arrival at the department.
- Abdominal and Pelvis Ultrasound: No food 6 hours prior. Drink 5 full glasses (40oz) of <u>water</u> one hour prior to appointment time **DO NOT VOID UNTIL INSTRUCTED**.
- Pelvic & Early OBS Ultrasound:

Finish 5 full glasses (40oz) of water one hour prior to appointment time. DO NOT VOID UNTIL INSTRUCTED.

- G.U., KUB Ultrasound: Finish 3 full glasses (24oz) of water one hour prior to study. DO NOT VOID UNTIL INSTRUCTED.
- **Late OBS Ultrasound (after 4th month)**: Finish 2 full glasses (16oz) 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 clothing preferably without metal (e.g. no buttons, zippers, snaps), otherwise you will have to change into a hospital gown for your test.

<u>OTHER</u>

- 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 <u>not</u> 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.