



# Diagnostic Imaging Requisition

## X-Ray & Ultrasound

Date of Requisition: \_\_\_\_\_

Name: \_\_\_\_\_

Health card #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Phone: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Family Physician: \_\_\_\_\_

CC Physician: \_\_\_\_\_

WSIB  No  Yes

Injury Date: \_\_\_\_\_

Claim #: \_\_\_\_\_

<p><b>Fax: 705-286-4723</b></p> <p style="text-align: center;"><b>APPOINTMENT NECESSARY</b></p> <p><b>Booking Line: 705-457-1392 Ext.2381</b></p>	<p><input type="checkbox"/> Outpatient</p> <p><input type="checkbox"/> Inpatient RM _____</p> <p><b>Isolation Precautions</b></p> <p><input type="checkbox"/> Not Required</p> <p><input type="checkbox"/> Airborne</p> <p><input type="checkbox"/> Droplet</p> <p><input type="checkbox"/> Contact</p>
<p><b>DATE TO BE DONE BY/WITHIN</b></p> <p>_____</p> <p><input type="checkbox"/> 2 Days</p> <p><input type="checkbox"/> 7 Days</p> <p><input type="checkbox"/> 10 Days</p>	

<p><b>X-RAY</b></p> <p>Requested Examination: _____</p>    <p>Physician's Signature: _____ Date: _____</p>	<p style="text-align: center;">Essential Clinical History</p>
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<p><b>ULTRASOUND</b></p> <p>Requested Examination: _____</p> <p>Essential Clinical History: _____</p>    <p>Physician's Signature: _____ Date: _____</p>	<p><b>Patient prep on reverse of sheet</b></p>
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<i>Radiology Use Only</i>	
<p>Patient Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes LMP _____</p> <p>Patient Shielded <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>PPE Worn <input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles</p> <p><input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> N95 Mask</p>	<p>Tech Notes: _____</p> <p>MRT _____ Room _____ # of Images _____</p>

<p><b>Appointment Date:</b> _____</p>	<p><b>Time:</b> _____</p>	<p><b>MRN:</b> _____</p>
<p><b>PREP:</b> _____</p> <p>DI Requisition, X-Ray, Ultrasound</p>	<p><b>SITE:</b> _____</p>	<p><b>Chart Order Medical Directive</b> _____</p> <p style="text-align: right;">FM # 100 Rev. 2018/05</p>



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### Patient Instructions:

#### For **ULTRASOUND**

**Obstetrical, Gynecological and Pelvic Examinations (including Prostate)**

A full bladder is very important for this type of examination. Please **finish** drinking 32 ounces (4 large glasses) of clear liquid (not milk) one hour before your appointment time. **Do not empty your bladder after drinking the liquid.**

**Abdominal (liver, pancreas, gall bladder, kidneys)**

- AM appointments: Nothing to eat or drink after 12:00 midnight. **No breakfast.**
- PM appointments: Patient may have a light fat-free breakfast
- Pediatrics (0-2 yrs) Nothing to eat or drink two hours prior to appointment time

**All other examinations**

No preparation is required.

**Other instructions** \_\_\_\_\_  
\_\_\_\_\_

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

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Please respect that the hospital supports a**FRAGRANCE FREE**environment.