



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 #: _____

Fax: 705-457-1071

APPOINTMENT NECESSARY

Booking Line: 705-457-1392 Ext.2381

DATE TO BE DONE BY/WITHIN

☐ 2 Days

☐ 7 Days

☐ 10 Days

☐ Outpatient

☐ Inpatient

RM _____

Isolation Precautions

☐ Not Required

☐ Airborne

☐ Droplet

☐ Contact

X-RAY

Requested Examination: _____

Essential Clinical History _____

Physician's Signature: _____

Date: _____

ULTRASOUND

Patient prep on reverse of sheet

Requested Examination: _____

Essential Clinical History: _____

Physician's Signature: _____

Date: _____

Radiology Use Only

Patient Pregnant ☐ No ☐ Yes LMP _____

Tech Notes: _____

Patient Shielded ☐ No ☐ Yes

PPE Worn ☐ Face Shield ☐ Goggles

☐ Gown ☐ Gloves ☐ Mask ☐ N95 Mask

MRT _____ Room _____ # of Images _____

Appointment Date: _____ Time: _____ MRN: _____

PREP: _____ SITE: _____

Chart Order Medical Directive _____
FM # 100 Rev. 2025/03

DI Requisition, X-Ray, Ultrasound



Diagnostic Imaging Requisition

X-Ray & Ultrasound

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.

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