



Diagnostic Imaging Requisition
X-Ray - Ultrasound

10 Angeline St North
Lindsay ON K9V 4M8
Tele 705 – 328 – 6110

- Emerg Rm _____ Ext _____
 Inpatient Rm _____ Ext _____
 Outpatient
AND Yes No

Name: _____
 Healthcard: _____
 Birthdate: _____
 Address: _____
 Phone: _____
 Family Physician: _____
 CC Physician: _____
 CC Physician: _____
 WSIB No Yes Injury Date _____

ISOLATION PRECAUTIONS – MUST BE COMPLETED

- Not Required Airborne Droplet Contact C Difficile

<p>X-RAY (FAX to 705 – 328 – 7315)</p> <p>Examination of: _____</p> <p>Physician's Signature: _____ Responsible Physician: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px;"> <p>Nurse Verified: _____ <input type="checkbox"/> Chart Order <input type="checkbox"/> Medical Directive</p> </div>	<p>DATE TO BE DONE: _____</p> <p>Essential Clinical History: _____</p>
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<p>ULTRASOUND (FAX to 705 – 328 – 6188)</p> <p>Examination of: _____</p> <p>Physician's Signature: _____ Responsible Physician: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px;"> <p>Nurse Verified: _____ <input type="checkbox"/> Chart Order <input type="checkbox"/> Medical Directive</p> </div>	<p>URGENCY: <input type="checkbox"/> < 2 days <input type="checkbox"/> < 10 days <input type="checkbox"/> Regular</p> <p>Essential Clinical History: _____</p>
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<p>Tech Notes: _____</p>	<p style="text-align: center;"><i>Radiology Use Only</i></p> <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>MRT _____ Room _____ # of Images _____</p> <p>Fluoro Time _____ DAP _____</p>
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<p>PPE Worn: <input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> N95 Mask</p>	<p>Appointment Date</p>	<p>Time</p>	<p>Medical Record #</p>
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INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED



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Patient Instructions:

For X-RAY EXAMINATIONS

- Barium Enema** (*Performed only when CT Colonography cannot be done*)
At least two days before the examination, purchase either Evac Q Kwik Kit or Roy Vac Kit from pharmacy. Follow enclosed instructions.
- Gastric Series (stomach or U.G.I.)**
Nothing to eat or drink after 12:00 midnight. **No breakfast.**
- Gastric Series and Small Bowel**
Nothing to eat or drink after 12:00 midnight. **No breakfast.** This examination is carried out only in the morning and may take 2 – 4 hours to complete.

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.