PRHC Diagnostic Imaging Services

Requisition

Outpatient Booking: Fax: 705-743-1713 | Phone: 705-876-5039

PATIENT LABEL

Appointment Date: _____

Appointment Time: _____

Please bring this requisition with you! If you think you might be pregnant, please inform the technologist.

CLIENT/PATIENT INFORMATION		
Name:	DOB (DD/MM/YYYY):	☐ Male ☐ Female
Health Card #:	Phone #:	
Address:	City:	Postal code:
☐ Inpatient ☐ Outpatient ☐ Wheelchair ☐ Ambulatory ☐ Non Ambulatory		
Hospital:	Transportation: ☐ Ambulance ☐ Car	
Is this WSIB? ☐ Yes ☐ No Claim #:		

PHYSICIAN INFORMATION		
Referring Physician:		
Phone #:	Fax #:	Billing #:

INCOMPLETE OR ILLEGIBLE REQUISITIONS WILL BE RETURNED

☐ Within 24 hours ☐ 24-48 Hours ☐ 3-10 Days ☐ Elective ☐ Specific Date (DD/MM/YYYY): _____

☐ Radiography

☐ Ultrasound

☐ Gastric/Fluoroscopy

☐ BMD ☐ Last BMD done (DD/MM/YYYY): _____

Examination Requested:

History/Clinical Information (relevant to exam requested):

Prescriber Signature:	**Date (DD/MM/YYYY):**

REPORTS TO		
Dr.	Dr.	Dr.
Previous related imaging: ☐ Yes ☐ No If yes where:		

PRHC Diagnostic Imaging Services

Patient Instructions

ULTRASOUND TYPE	INSTRUCTIONS
☐ **Abdominal Ultrasound**	**Morning appointment** · Do not eat or drink anything after 10:00 p.m. on the evening before your test. · If you require any medications, you should take these as per your normal routine.
	Afternoon appointment · Do not eat or drink anything after 8am on the day of your test. · If you require any medications, you should take these as per your normal routine.
☐ **Pelvic Ultrasound**	· Drink four (4) glasses of water (8 ounces each) before your test. · You should be finished drinking this by one hour before your appointment time. · Do not void after drinking this water as your bladder must be full. · Unless contraindicated, an ultrasound probe may be inserted internally.
☐ **Obstetrical Ultrasound**	**Before 20 weeks (4 ½ months)** · Follow the instructions for pelvic ultrasound above.
	After 20 weeks (4 ½ months) · No preparation is required.
☐ **Other ultrasound tests**	· No preparation is required.

GASTRICS	INSTRUCTIONS
☐ **Upper GI series**	· Do not eat or drink anything including oral medications after 10:00 p.m. on the night before your appointment. · Take any bedtime medications before 10:00 p.m. · Bring your morning medications to the hospital and take them after your test. · Do not smoke or chew gum the morning of your test.

BONE MINERAL DENSITOMETRY (BMD)	INSTRUCTIONS
☐ **BMD**	· No preparation required