



PATIENT NAME

D.O.B.

HEALTH CARD #

ORDERING PHYSICIAN/N.P.

DIAGNOSTIC IMAGING REQUISITION
Requisition must be faxed to 519-235-4888

Appointment required.

- Patient will book (call 519-235-5163)
- Diagnostic Imaging Dept. to book

APPOINTMENT Date: _____ Time: _____

ER PATIENT

RETURN TO ER

FOLLOW UP WITH FAMILY PHYSICIAN

CLINICAL INFORMATION (MANDATORY):

Please ensure female x-ray patients are not pregnant.

LMP: _____

WSIB: _____

COVID-19 Screening: PASS FAIL

Does the patient have diabetes? Yes No

AN APPOINTMENT IS REQUIRED FOR ALL EXAMS – NO EXAMINATION WILL BE PERFORMED WITHOUT THIS REQUISITION.

X-RAY EXAMS

ABDOMEN

- Single view supine/KUB
- Acute series supine/erect

CHEST

- Chest PA & Lat
- Ribs Right Left Bilateral

HEAD & NECK

- Facial Bones
- Mandible
- Neck for Soft Tissues

SPINE & PELVIC

- Cervical Spine
- Dorsal Spine
- Lumbar Spine
- Pelvis

UPPER EXTREMITIES

LOWER EXTREMITIES

Please write RIGHT or LEFT on the line provided.

- | | |
|------------------------------|---|
| Clavicle _____ | Hip _____ |
| Shoulder _____ | Pelvis & Hip _____ |
| Humerus _____ | Femur _____ |
| Elbow _____ | Knee _____ |
| Forearm _____ | Tib. & Fib. _____ |
| Wrist _____ | Ankle _____ |
| Scaphoid _____ | Foot _____ |
| Hand/Wrist _____ | Calcaneus _____ |
| Hand _____ | Toe _____ |
| Finger _____ | <input type="checkbox"/> Other x-ray exam (please specify): _____ |
| <input type="checkbox"/> ECG | |

BONE DENSITOMETRY

Please see instructions on reverse.

- Bone Mineral Density
- Last exam date and location: _____

ULTRASOUND

Please see instructions on reverse.

- OB for Dating (less than 16 weeks)
- OB – Routine (>20 weeks)
- OB – High Risk
- Abdomen – Complete
- Abdomen – Limited (specify): _____
- Aorta
- Bladder
- Renal
- Pelvis – proceed to transvaginal if appropriate
- Popliteal Fossa – Right Left
- Shoulder – Right Left Bilateral
- Thyroid
- Scrotal
- DVT Leg – Right Left
- Carotid Doppler – Please include list of medications.
- Other U/S exam (please specify): _____

Practitioner's Signature

Date

Registration Number

Important patient information on reverse





South Huron Hospital Association – Diagnostic Imaging Department
Phone: 519-235-5163

- **Please bring your health card with you to the hospital on the date of your exam**
- **Upon arrival, please stay in your car and call 519-235-2700 ext. 0 to register**
- **Alternatively, you may call from home (prior to leaving) if you do not have a cell phone**

X-RAY PREPARATIONS (Please check appropriate box below)

BONE MINERAL DENSITY

- Please wear clothing with no buttons or zippers & no underwire bra.
- No calcium on day of examination.

ULTRASOUND PREPARATIONS (Please check appropriate box below)

ABDOMEN (Complete or Limited Study)

- Have nothing to eat or drink after midnight.

PELVIC EXAMINATION (Male or Female)

- Have 40 oz. (1200ml) of water consumed and finished 1 hour prior to your appointment time. DO NOT empty your bladder until after your examination.

OBSTETRICAL EXAMINATION

- Preparation the same as Pelvic Examination above.

ALL OTHER EXAMINATIONS

- No preparation required.

