

**Diagnostic Imaging Requisition for
Almonte General--*Outpatient*
Xray and Ultrasound Requests**

Date: _____

Patient Name: _____

MRN: _____ DOB: _____

OHIP: _____

Contact Info: _____

****For Xray Walk-in requests only**** Does patient prefer a walk-in appt? (If so, avoid duplication, do not fax this req.)

Xray Walk-in hours are 8-8pm, Mon-Fri. and 9-3 on weekends. Closed on holidays.

All other requests are to be faxed and the patient will be contacted for an appointment.

Fax **completed** requisition to Central Booking at **613-256-8637**

EXAMINATION REQUESTED: _____

History and Clinical Finding (PLEASE PRINT CLEARLY)

Requisition must be **fully** completed before examination can be scheduled

Ordering Physician (PRINT): _____

Physician's Signature: _____ Billing# _____

Copy of Report to (PRINT): _____, _____

Dated Study:
Specify date: _____

2-4 weeks

Routine

FOR TECHNOLOGIST'S USE ONLY:

Pregnant: YES NO LMP _____ Diabetic YES NO

Technologist: _____ Date: _____

Notes:

***PLEASE ARRIVE AT REGISTRATION 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME**

APPOINTMENT DATE _____ **Time:** _____

PREPARATION FOR YOUR ULTRASOUND:

PLEASE FOLLOW THE INSTRUCTIONS FOR THE BODY PART BEING EXAMINED.

Abdominal Examination: (Includes the liver, aorta, pancreas, spleen, gallbladder & kidneys)

***DO NOT** eat, drink, smoke or chew gum for 8 hours prior to exam.

***Do not** stop your medication (take with a mouthful of water).

Abdomen and Pelvic Examination:

***DO NOT** eat, smoke or chew gum 8 hours prior to exam.

*Drink 40oz, (1-1.5 litres) of WATER only.

***Finish** drinking water **1 hour prior** to exam.

*Do not empty your bladder after drinking, until after your test.

*If your bladder is not full, you **may be rebooked**.

Obstetric or Pelvic Examination:

The test can only be done with the urinary bladder FULL.

***Finish** drinking 40oz, (1-1.5 litres) of WATER **1 hour prior** to your appointment time.

*Do not empty your bladder after drinking, until after your test. (Please notify a staff member if your bladder becomes too uncomfortable.)

*If your bladder is not full, you **may be rebooked**.

*You may eat for this examination.

All other Ultrasound Tests:

There are no restrictions on food or drink.

Notes:

Do you take medication?

~Continue to take your usual medications with a small amount of water.

Are you an Insulin dependent diabetic?

~If you are asked to miss breakfast, take ½ your normal dose of insulin.

~If you must miss any other meal, contact your doctor for further instructions.

After the Test:

Return to your normal diet and insulin routine.

For safety reasons, young children will not be permitted in the room during your examination.