

Date: _____

Patient Name: _____

DOB: _____ OHIP: _____

Phone Number: _____

Diagnostic Imaging Requisition

**Please book your appointment by calling 613-253-3803 Fax: 613-257-5197
 Stat requests call: 613-253-3804 or Fax 613-257-4124**

Requisitions are required to perform examinations.

Please ensure requisitions are faxed to the Central Booking department in advance.

EXAMINATION REQUESTED: _____

PRECAUTIONS REQUIRED? Standard Precautions Airborne Droplet Contact

Special Patient instructions: _____

History and Clinical Finding (PLEASE PRINT CLEARLY)

PATIENT MOBILITY

Wheelchair Fall Risk
 Stretcher

Can patient stand without assistance?

YES NO

Can patient be left unattended?

YES NO

Booking Guidelines

EMERGENCY (TODAY/TOMORROW)
 WITHIN (2-4 WEEKS)
 DEFERRALE/ROUTINE

Test will not be completed if left blank.

Ordering Physician (PRINT): _____

Copy of Report to (PRINT): _____

Physician's Signature: _____ Billing# _____

FOR TECHNOLOGIST'S USE ONLY PLEASE:

Verified Patient's ID (2 pieces) by: Armband DOB Name Other: _____

Pregnant: YES NO LMP _____ Diabetic YES NO

Technologist: _____ Date: _____

Notes:

Requisition must be fully completed before examination can be scheduled.

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

APPOINTMENT DATE _____ Time: _____

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

APPOINTMENT DATE _____ Time: _____

PREPARATION FOR ULTRASOUND

Ultrasound is a test that uses sound waves and not x-rays.

For the test you will be asked to lie down on a bed while a transducer (this looks like a small microphone) is slowly passed over the area that is being examined.

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 discontinue medication (take with a mouthful of water).

Abdomen and Pelvic Examination:

***DO NOT** eat 8 hours prior to exam but drink 40oz of WATER only. (1-1.5 litres)

*Finish drinking water 1 hour prior to exam.

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

Obstetric or Pelvic Examination:

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

*Finish drinking 40oz of water 1 hour before your appointment time. (1-1.5 litres approximately 5 large glasses).

***DO NOT** empty your bladder after drinking, until after your test. (Please notify a staff member if your bladder becomes too uncomfortable. You may pass a small amount of urine to ease the pressure)

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 have to 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 room during your examination.