

Date: _____

Patient Name: _____

DOB: _____ OHIP: _____

Phone Number: _____

Diagnostic Imaging Requisition

Please book your appointment by calling 613-253-3803 Fax: 613-257-5197
For Stat appointments fax: 613-257-4124

Requisitions are required to perform examinations.
 Requisitions must be fully completed for an examination to be scheduled.
 Please fax requisitions to the central booking department.

EXAMINATION REQUESTED: _____

PRECAUTIONS REQUIRED? Standard Precautions Airborne Droplet Contact

History/Clinical Indication: (PLEASE PRINT CLEARLY)

PATIENT MOBILITY

Wheelchair Fall Risk
 Stretcher Lift Assist

Is patient diabetic?

YES NO

Can patient be left unattended?

YES NO

Booking Guidelines

- EMERGENCY 24-48HRS
- < 2 WEEKS
- DEFERRABLE/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:

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

Pregnant: YES NO LMP _____

Technologist: _____ Date: _____

Notes:

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

APPOINTMENT DATE _____ **Time:** _____

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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 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 room during your examination.