

Lakeridge Health

Please indicate the

Tick

Diagnostic Imaging Requisition

Location

Type of Exam

NAME:	
DOB:	
ADDRESS:	
TELEPHONE # (H): (W):	
HCN:	

To Fax booked Requisition

To Book an Appointment please Call

location for this	Here			Exam	please Call	Requisition
examination		Lakeridge Healt	h Ajax Pickering	X-ray, US, BMD,	005 701 4717 Coloct 1	005 704 4740
580 H	580 Harwood A	80 Harwood Ave S (LHAP)	Mariinography,	905–721–4717 Select 1	905-721-4740	
Appointment Date			th Danisa and illa	Echo	905–683–2320 Ext. 1168	905-428-5307
••		Lakeridge Heal 47 Liberty St. S	th Bowmanville (LHB)	X-ray, US, Echo, Mammography	905–623–3331 Ext. 7009 (Central Booking Office)	905–697–4687
				X-ray	905-433-4305	905–721–4770
	Lakeridge Heal	th Ochawa	US	905-721-4717 Select 2	905-721-4708	
Appointment Time		1 Hospital Cou	t (LHO)	Echo	905-721-4717 Select 2	905-721-4863
Appointment Time		<u>'</u>	,	Mammo, Breast US	905-721-4717 Select 2	905-721-7795
				BMD	905-721-4717 Select 2	905-721-4762
		Lakeridge Heal		X-ray, US	905–985–7321 Ext. 5572	905-985-5816
		451 Paxton St	,			
Children will not be al	llowed	in the Exam I	Room. Please	make necessary	babysitting arrangements.	(OFF DEVEDOE)
	usition				preparation instructions given.	` '
ABDOMEN:			ER EXTREMI	TY:	BY APPOINTMENT ON	<u>ILY</u>
SUPINE ABD (KUI	•	RT		_	ULTRASOUND:	
☐ 3 VIEWS (ACUTE	ABD S	ERIES)	CLAVICLE		☐ ABDOMEN	
HEAD AND NECK:			☐ AC JOINT		☐ PELVIS	
SKULL			SHOULDE		OBSWK	S
SINUSES			SCAPULA		☐ BIOPHYSICAL PRO	FILE
FACIAL BONES			HUMERU:	S	2nd TRIMESTER AN	IATOMICAL SURVEY
☐ NASAL BONES			☐ ELBOW	_	SCROTUM	
	☐ ORBIT ☐ PRE_MPI ORBIT ☐ FOREARM ☐ THYROID					
☐ MANDIBLE	WII C		☐ WRIST		RT LT SHOULDER/MSK O	THER
			☐ SCAPHOI	D	OTHER	
			☐ HAND			
☐ ADENOIDS			☐ DIGIT 1 2	3 4 5		
☐ ST NECK		LOV	VER EXTREM	ITY:	☐ CAROTID DOPPLER	R ARM
CHEST:		RT				` / 🖃
☐ PA & LAT			☐ HIP		RT LT ARTERIAL DOPPLE	K ————
☐ PA CXR			☐ FEMUR		(LHAP)	
☐ CXR INSP. & EXP	IR.		☐ KNEE		RT LT VENOUS DOPPLER	
RT 🗌 LT 🗌 RIBS + PA	CXR	\Box	TIB/FIB		☐ ABDOMINAL	☐ LEG
☐ STERNUM		一	ANKLE			
SPINE & PELVIS:		Ī	FOOT		CARDIAC ULTRASOU	ND:
		$\overline{\sqcap}$	TOES 12	345	☐ ECHOCARDIOGRAM	
☐ CERVICAL SPINE		H	CALCANE		<u> </u>	AL ECHOCARDIOGRAM
☐ THORACIC SPINE		BV	 Appointmen	IT ONI V		
☐ LUMBO-SACRAL			MAMMOGRAM		G.I. TRACT (LHO by s	pecialist referral):
SACRUM & COCC	ĴΥX	_		I	☐ BARIUM SWALLOW	:
☐ PELVIS			SCREENING		=	
PELVIS & BOTH F	HPS			RT LT	UPPER GI SERIES	
☐ SI JOINTS			BILATERAL US	S (TRIAGED BY RA		:NEMA
SCOLIOSIS (LHO,					G.I. TRACT (LHAP):	
LEG LENGTH (LH	O, LHA	AP by appt)	DICLIT	LECT I	☐ BARIUM SWALLOW	!
MISCELLANEOUS:			RIGHT	LEFT	UPPER GI SERIES	
☐ FOREIGN BODY L	OCAL	IZATION	1		☐ SMALL BOWEL FOL	LOW THROUGH
☐ SKELETAL SURV		,	_ (/ / /	☐ BARIUM ENEMA	
BMD (by appt)	(~)	αρρι)	— ⊚ —/	\— © —		
☐ OTHER EXAMS:		. \			G.U. TRACT (LHO by s	pecialist referral):
					☐ VOIDING CYSTO-U	
			Indicate are	a of concern		
CLINICAL						
HISTORY:						
Physician's Name:			Physician' Signature:		Date:	
i taino.			- Signature.			DDMMMYYYY

PREPARATION INSTRUCTIONS

Children with parents who are having an X–Ray or Ultrasound Exam will not be allowed in the Exam Room. Please make necessary babysitting arrangements.

Diabetics: Please inform us *at the time of booking* so that an early appointment can be arranged. Please consult your doctor if you need further information.

Female Patients: If there is a possibility that you are **Pregnant**, please inform your doctor and the technologist. Please try to **book your appointment within the 10–day period following the onset of menstruation**, since the risk of pregnancy is small during this period. If you are scheduled for Obstetric or Pelvis Ultrasound, an internal trans–vaginal exam is recommended.

Upper GI series / Barium Swallow / Small Bowel follow-through

Nothing to eat or drink after midnight on the night before the test. Bring your morning oral medications with you and take them after your test. Do not smoke or chew gum on the day of the test. Expect the Small Bowel follow–through / examination to take a minimum of 2 hours to complete.

Barium Enema: You may continue to take your regular medications with a sip of water.

Adult: Ducolax (3 tablets) and PICO-SALAX (2 sachets) ordered by the patient's physician. Day before procedure:

After Breakfast drink only clear fluids for the rest of the day, this means no solids or non-clear juices. Drink lots of clear fluids to avoid dehydration (very important). Clear fluids include water, apple juice, cranberry juice, sprite, ginger ale, Jell-O, black tea, black coffee, clear sports drinks like Gatorade (non red), clear soups (bouillon/broth) or clear coloured popsicles.

At 3 PM (15:00 hrs): Take three Ducolax tablets.

At 8 PM (20:00 hrs): Take first sachet of PICO-SALAX mixed in water as described below. Empty the contents of the sachet into a mug. Add 150mL of cold water and stir for 2–3 minutes. The solution may become hot, if it becomes hot wait until it cools sufficiently to drink.

It is important to drink, at least a large glass of water (250mL) of water or other clear fluids preferably Gatorade (non red) every hour while the effects of PICO-SALAX persist.

Morning of procedure

At 5 AM (05:00 hrs): Take second sachet of PICO-SALAX mixed in water as described above. Clear fluids are permitted up until 3 hours before the procedure.

Mammography:

Do not use deodorant, powders or creams on breasts or underarms the day of the examination. If you have had **PREVIOUS MAMMOGRAMS ELSEWHERE** it is important that you **BRING THEM** to this appointment. Please do not be alarmed if additional films or ultrasound is necessary at the time of your visit or by call back.

Ultrasound: You may continue to take your regular medications with a sip of water.

Abdominal Ultrasound

Nothing to eat or drink after midnight on the night before the test.

Afternoon appointment – you may have a FAT FREE (no cream, milk or fat) breakfast before 9 a.m. Have nothing to eat or drink after 9 a.m.

Pelvic Ultrasound

Do not empty your bladder 2 hours before examination time.

No extra fluid required. Normal diet.

Abdominal and Pelvic Ultrasound (both done on the same day appointment)

Follow instructions for Abdominal Ultrasound, BUT do not empty your bladder 2 hours before examination time.

Obstetrical Ultrasound

Do not empty your bladder 2 hours before examination time.

No extra fluid required. Normal diet.

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✓ Harmonized