

Appointment:	D	D	M	M	Time:	:
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**BRING THIS REQUISITION FORM AND YOUR HEALTH CARD TO YOUR APPOINTMENT.
ARRIVE 10 MINUTES PRIOR TO APPOINTMENT FOR REGISTRATION. PLEASE GIVE 24 HOURS NOTICE OF CANCELLATION.**

Patient Name	Sex	Birth Date	D	D	M	M	Y	Y	Y	Y
Address Street	Home Phone ()									
City	Province	Postal Code	Work Phone ()							
Health Card Number	Version Code	Copy To Doctor								

ULTRASOUND / DOPPLER

<input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvic <input type="checkbox"/> Transvaginal Doppler <input type="checkbox"/> Carotid <input type="checkbox"/> Leg Venous	<input type="checkbox"/> Thyroid <input type="checkbox"/> Testicles <input type="checkbox"/> Soft Tissue Masses <input type="checkbox"/> MSK _____ <input type="checkbox"/> Abd. Wall Hernia _____ <input type="checkbox"/> ???? Hernia _____	Obstetrical LMP _____ Routine <input type="checkbox"/> < 16 weeks (part of Maternal Screening Program) <input type="checkbox"/> ≥ 16 weeks (part of Maternal Screening Program) Non-Routine <input type="checkbox"/> Specify Indication _____ _____
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X-RAY

<input type="checkbox"/> Upper GI Study <input type="checkbox"/> Small Bowel Follow Through <input type="checkbox"/> Barium Enema <input type="checkbox"/> Esophogram	<input type="checkbox"/> X-Ray (Specify part to be examined) _____ _____
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BREAST IMAGING

<input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Mammogram <input type="checkbox"/> Routine Screen <input type="checkbox"/> Symptoms (circle) Specify the site of the problem on the diagram <input type="checkbox"/> Mass <input type="checkbox"/> Pain <input type="checkbox"/> Skin Changes <input type="checkbox"/> Nipple Discharge	
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NUCLEAR MEDICINE

<input type="checkbox"/> Bone Scan - Total Body <input type="checkbox"/> Bone Scan - Limited Specify Site _____ <input type="checkbox"/> Lung Scan - Ventilation / Perfusion <input type="checkbox"/> Renal Scan - GFR - Hypertension - Obstruction with Lasix	<input type="checkbox"/> Biliary Scan (with CCK) <input type="checkbox"/> Liver - Spleen Scan <input type="checkbox"/> RBC Liver <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Thyroid Uptake Other _____	<input type="checkbox"/> Stress Myocardial Perfusion with functional assessment <input type="checkbox"/> Persantine Myocardial Perfusion with functional assessment Patient's Weight _____ <input type="checkbox"/> Viability Assessment <input type="checkbox"/> Resting MUGA
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BONE DENSITOMETRY

<input type="checkbox"/> Bone Mineral Density <input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk Reason _____

Name (Printed) _____ Copy to Other Physicians? _____
Relevant Clinical Findings: _____ _____
DOCTOR'S SIGNATURE: _____

INSTRUCTIONS TO PATIENTS

- BRING YOUR HEALTH CARD AND THIS REQUISITION. ARRIVE 10 MINUTES PRIOR TO APPOINTMENT TO REGISTER.
- Patients who arrive late may have to be rebooked for another day. Advise the test location 24-48 hours before your appointment if you are unable to keep your appointment.
- If you are diabetic, discuss the pre-test preparation with your doctor

PRE-TEST PREPARATION

ULTRASOUND

ABDOMINAL ULTRASOUND

Morning Appointment: No solid food or liquids after midnight, the night before. No dairy products. No gas producing foods or drinks.

Afternoon Appointment (after 3PM): You may eat a light breakfast (dry toast, black tea or coffee, juice). No dairy productions. Do not eat lunch.

OBSTETRIC AND PELVIC ULTRASOUND

This test can only be done with the urinary bladder very full. To fill your bladder you must have finished drinking 40 oz. of liquids (no carbonated drinks) 90 minutes before the appointment time. Do not empty your bladder after drinking until after the test. If your bladder gets too uncomfortable you may pass a small amount of urine to ease the pressure. We will try to examine you as soon as possible so that you will not have to be uncomfortable for too long. You may eat prior to your examination

time if you are not having any other imaging tests that day. (If so, please refer to the specific instructions for the other test)

COMBINED ABDOMINAL AND PELVIC

No solid food or dairy products. Drink liquids according to the pelvic instructions.

NOTE: Women who may be pregnant should not be x-rayed during the last two weeks of their menstrual cycle. Please notify the technologist before your exam if you think you might be pregnant.

STOMACH, ESOPHOGRAM, SMALL BOWEL FOLLOW THROUGH

Nothing to eat or drink after midnight.

BARIUM ENEMA

Obtain CITRO-MAG and either Dulcolax or Bisacodyl at your pharmacy. On the day prior

to the examination take clear fluids only (consume, plain jello, clear fruit juice, tea or coffee but no milk). Start the preparation on the day before your examination. Times shown below are approximate:

4PM: take CITRO-MAG

5PM: drink 1 glass of water

6PM: liquid dinner

7PM: take 2 tablets (Dulcolax or Bisacodyl)

8PM - 9PM: drink one glass of water each hour

10PM: Suppository - insert (Dulcolax or Bisacodyl) and hold 10 - 15 minutes. No solid foods after 10:00 p.m. Liquids if required for medications.

DO NOT EAT. You may drink clear fluids. Report for test at scheduled time.

BREAST IMAGING

MAMMOGRAM

Please wear a two piece outfit. Do not use underarm deodorant or powder the day of the test.

BREAST ULTRASOUND

Do not use underarm deodorant or talcum powder the day of the test.

NUCLEAR MEDICINE

BONE SCAN (TOTAL BODY OR LIMITED)

No preparation necessary, eating and drinking is permitted. Part 1 takes 15 minutes for Injection of Pharmaceutical. Part 2 requires the patient to return 2 to 4 hours later and the examination takes 30 to 60 minutes at that time.

LIVER SCAN, LUNG SCAN

No preparation necessary, eating and drinking is permitted.

THYROID UPTAKE AND SCAN

Eating and drinking is permitted. There is no specific preparation however you must check with your referring physician with regard to thyroid medications which may need to be altered prior to the test.

BILIARY SCAN

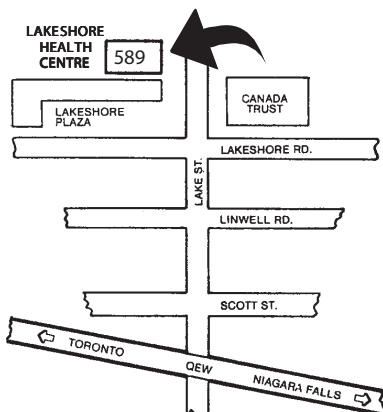
No food or fluids six hours prior to test.

RENAL SCAN

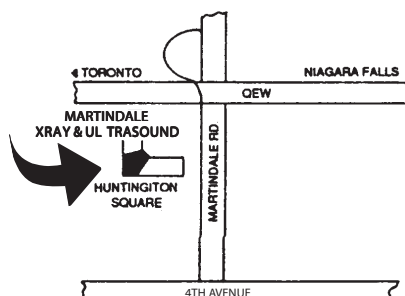
Drink five glasses of liquid 90 minutes before the test. You may empty your bladder. Eating is permitted.

NUCLEAR CARDIOLOGY

NO FOOD or DRINK 4 hours prior to test. NO CAFFEINE 24 hours before test. Arrive 15 minutes before test. Wear comfortable clothing.



□ **Lakeshore Health Centre**
589 Lake Street (at Lakeshore)
Suite 104
Phone: 905-937-2255
Fax: 905-937-4250



□ **Martindale X-Ray & Ultrasound**
Huntington Square
211 Martindale Road
Phone: 905-687-8776
Fax: 905-280-9998

**Please fax this sheet to 905-937-4250
to order another requisition pad.**

Your name & address



A rectangular box with a thin black border, containing four horizontal lines for writing. The lines are evenly spaced and extend across most of the width of the box, leaving a small margin on the left and right sides.