

Referring Physician: (print first, last): _____
 CPSO# _____ Signature: _____
 Address: _____
 Office Phone: _____ Office Fax: _____
 Date: dd / mm / yy

Radiography Requisition

General Radiography, Gastrics, Special Procedures (e.g. arthrogram)

Please fax to (905) 830-5966

Patient Name: (print first, last)		Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>																																																															
Address:	Street Number + Name	Apartment																																																															
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Patient DOES NOT consent to be contacted via: <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)																																																																	
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Clinical Question and Relevant Clinical Information: (must be provided and please be specific)																																																																	
EXAM REQUIRED (check all that apply)																																																																	
Chest <input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> L <input type="checkbox"/> R Ribs and Chest PA <input type="checkbox"/> Sternoclavicular Joints <input type="checkbox"/> Sternum Abdomen <input type="checkbox"/> KUB (1 View) <input type="checkbox"/> Acute (2 View) Head & Neck <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Skull <input type="checkbox"/> Orbits (<input type="checkbox"/> for MRI Screening) <input type="checkbox"/> Facial Bones <input type="checkbox"/> Mandible <input type="checkbox"/> TMJ <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Panlipse* Spine & Pelvis <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbosacral <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> Pelvis <input type="checkbox"/> SI Joints <input type="checkbox"/> Scoliosis*	Upper Extremities <table style="width:100%;"> <tr> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Shoulder</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Clavicle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>A.C. Joint</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Scapula</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Humerus</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Elbow</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Forearm</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wrist</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Scaphoid</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hand</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fingers</td> </tr> </table> No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Lower Extremities <table style="width:100%;"> <tr> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hip</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Femur</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Knee</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tibia & Fibula</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ankle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Foot</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Calcaneus</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toes</td> </tr> </table> No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Leg Length/3 FT Standing XR*	L	R		<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Clavicle	<input type="checkbox"/>	<input type="checkbox"/>	A.C. Joint	<input type="checkbox"/>	<input type="checkbox"/>	Scapula	<input type="checkbox"/>	<input type="checkbox"/>	Humerus	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Scaphoid	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Fingers	L	R		<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>	Femur	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Tibia & Fibula	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>	Calcaneus	<input type="checkbox"/>	<input type="checkbox"/>	Toes	Gastric Procedures <input type="checkbox"/> Barium Swallow* <input type="checkbox"/> Upper GI* <input type="checkbox"/> Small Bowel Follow Through* <input type="checkbox"/> Barium Enema* <input type="checkbox"/> Gastrografin Enema* Special Procedures <input type="checkbox"/> Voiding Cystogram* <input type="checkbox"/> Cystogram Indwelling Catheter* <input type="checkbox"/> Sinogram* <input type="checkbox"/> Lumbar Puncture* <input type="checkbox"/> Joint Aspiration* <input type="checkbox"/> Arthrogram/Injection* Specify joint/body part: <input type="checkbox"/> Skeletal Survey*
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ALL EXAMS MARKED WITH AN ASTERISK REQUIRE AN APPOINTMENT TO BE SCHEDULED Please fax requisition to 905-830-5966																																																																	

Other Request (not listed above)
Specify:

PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.
PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS



Diagnostic Imaging

Radiography Patient Preparation and Information

Physicians please check appropriate box () indicating patient preparation instructions.

Medications can be taken prior to your test with a **small** amount of water.

Diabetics: Please inform patient scheduling at 905-895-4521, ext. 2665 about your diabetes when booking your appointment. If you take insulin, you must consult your doctor about adjusting your dose.

Barium Swallow / Esophagus, Stomach, Duodenum (ESD) / Upper GI / Small Bowel (SBFT):

Age	Preparation
0-2	Nothing to eat or drink 4 hours before exam
2+	Nothing to eat or drink after midnight

Please note the exam for a Small Bowel (SBFT) may take up to 3 hours to complete.

Adult Colon / Barium Enema:

Obtain CITROMAG and DULCOLAX tablets and DULCOLAX suppository from your pharmacist. Start the preparation the day before your test. Times shown are approximate.

Noon	- Eat a low residue lunch (eg. clear soup, chicken sandwich without butter or lettuce, jello, skim milk).
2 p.m.	- Drink a full glass of clear fluid (eg. water, pop, clear fruit juice, beer, tea or coffee with sugar but without cream).
4 p.m.	- Drink a full glass of clear fluid.
6 p.m.	- Eat a low residue dinner (same as lunch).
7 p.m.	- Drink a full glass of clear fluid.
8 p.m.	- Drink one bottle of cold CITROMAG.

Drink liberal amounts of clear fluids after each bowel movement. At bedtime, take one DULCOLAX tablet.

Morning of Test - Drink moderate amounts of clear fluids. DO NOT EAT. Upon waking, insert one DULCOLAX suppository in rectum and retain it until a forced evacuation occurs.

Paediatric Colon / Barium Enema:

There is no preparation for children 10 years and under.



PRIVACY POLICY DOCUMENTATION
via QR code link below or via Southlake's
privacy office webpage