SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

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:** dd / mm / yy
Address: Street Number + Name Apartment		**Patient Weight:** ______ kg
City Province Postal Code		**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ❑ Text ❑ Email (for patient privacy information see the next page)

Hoyer Lift Required? ❑ Yes ❑ No **Patient arriving by Ambulance Transfer?** ❑ Yes ❑ No

Clinical Question and Relevant Clinical Information:
(must be provided and please be specific)

EXAM REQUIRED *(check all that apply)*

Chest
- ❑ Chest PA & LAT
- ❑ L ❑ R Ribs and Chest PA
- ❑ Sternoclavicular Joints
- ❑ Sternum

Abdomen
- ❑ KUB (1 View)
- ❑ Acute (2 View)

Head & Neck
- ❑ Soft Tissue Neck
- ❑ Skull
- ❑ Orbits (❑ for MRI Screening)
- ❑ Facial Bones
- ❑ Mandible
- ❑ TMJ
- ❑ Nasal Bones
- ❑ Panelipse*

Upper Extremities

L	R	
❑	❑	Shoulder
❑	❑	Clavicle
❑	❑	A.C. Joint
❑	❑	Scapula
❑	❑	Humerus
❑	❑	Elbow
❑	❑	Forearm
❑	❑	Wrist
❑	❑	Scaphoid
❑	❑	Hand
❑	❑	Fingers

No. ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

Spine & Pelvis
- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbosacral
- ❑ Sacrum & Coccyx
- ❑ Pelvis
- ❑ SI Joints
- ❑ *Scoliosis**

Lower Extremities

L	R	
❑	❑	Hip
❑	❑	Femur
❑	❑	Knee
❑	❑	Tibia & Fibula
❑	❑	Ankle
❑	❑	Foot
❑	❑	Calcaneus
❑	❑	Toes

No. ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

❑ *Leg Length/3 FT Standing XR**

***ALL EXAMS MARKED WITH AN ASTERISK REQUIRE AN APPOINTMENT TO BE SCHEDULED**
Please fax requisition to:
905-830-5966

Gastric Procedures
- ❑ *Barium Swallow**
- ❑ *Upper GI**
- ❑ *Small Bowel Follow Through**
- ❑ *Barium Enema**
- ❑ *Gastrografin Enema**
- ❑ *VFSS**

Special Procedures
- ❑ *Voiding Cystogram**
- ❑ *Cystogram Indwelling Catheter**
- ❑ *Sinogram**
- ❑ *Lumbar Puncture**
- ❑ *Joint Aspiration**
- ❑ *Arthrogram/Injection**
  Specify joint/body part:
- ❑ *Skeletal Survey**

Other Request *(not listed above)*
Specify:

PATIENT PREPERATIONS AND INSTRUCTIONS ON REVERSE SIDE.
PHYSCIANS PLEASE CHECK APPROPRATE BOX INDICATING PATIENT PREPRATION INSTRUCTIONS

SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-830-5966
southlake.ca

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