

596 Davis Drive Newmarket, ON L3Y 2P9

Diagnostic Imaging - FAX: 905-830-5966

Health Record #: Con			mplete or place barcoded	
Patient Name: (Print first, last)		patient	label here	
DOB: dd /mm / yy	Age:	☐ Female	☐ Male	
OHIP #:	Version Code:			
Phone #:				

Radiography Requisition	General	Radiography, Gas	strics, Special Procedures (e.g. arthrogram)		
Patient Name: (print first, last)			Appointment Date: dd / mm / yy		
Address: Street Number + Nam	е	Apartment	Appointment Time:		
City	ince	Postal Code	Arrival Time:		
Health Card Number:		Version Code:	Hospital Record #:		
Other Insurance:	WSIB Number:		Date of Birth: dd / mm / yy		
Home: ()	Work/Other: ()	Patient Weight:		
Patient not available: From: dd / mm / yy To: dd / mm / yy Reason:					
Exam requested: (all parts to be examined)					
Relevant Clinical Information:					
Pregnant: No Yes LMP: dd / mm /	VV				
_					
IV CONTRAST RISK:	_				
Diabetes: No Yes Allergy to the c	ontrast: \square N	o 🖵 Yes			
Elevated creatinine: $\ \square$ No $\ \square$ Yes $\ $ If yes, list the $\ $	nost recent creatin	ine			
PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.					
PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS.					
Referring Physician: (print first, last)	CPS0	#	Address:		
Signature:	Office	e Phone: ()			

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596 Davis Drive

Tel. 905-895-4521 Fax. 905-830-5966 Website: southlake.ca

Diagnostic Imaging

Radiography Requisition Patient Preparations

Physicians please check appropriate box (\square) 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): **Preparation** Age 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 (eq. clear soup, chicken sandwich without butter or lettuce, jello, skim milk). - Drink a full glass of clear fluid (eg. water, pop, clear fruit juice, beer, tea or coffee with sugar but without cream).

2 p.m.

- Drink a full glass of clear fluid. 4 p.m.

- Eat a low residue dinner (same as lunch). 6 p.m.

7 p.m. - Drink a full glass of clear fluid. - Drink one bottle of cold CITROMAG. 8 p.m.

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.

PLEASE NOTE:

- Bring this requisition and your Ontario Health card.
- Upon arrival you are required to check-in for your appointment at one of our Welcome Centres or Self-Serve Kiosks before proceeding to Diagnostic Imaging Reception.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.
- Diagnostic Imaging cannot perform any tests without a requisition signed by a physician.

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