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*

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

Upper Extremities

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

No. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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**

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

Special Procedures
- ☐ *Voiding Cystogram**
- ☐ *Cystogram Indwelling Catheter**
- ☐ *Sinogram**
- ☐ *Lumbar Puncture**
- ☐ *Joint Aspiration**
- ☐ *Arthrogram/Injection**

Specify joint/body part:

☐ *Skeletal Survey**

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

Sgenrad

SL1768B_01 (11/24) "Diagnostic Imaging" Review (11/27)

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.

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 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.**

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

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