PLEASE NOTE:

- Children whose parents are having an examination WILL NOT be allowed into the exam room
  PLEASE MAKE THE NECESSARY BABYSITTING ARRANGEMENTS.
- Please arrive 10 minutes prior to your scheduled appointment time for registration and changing if required.
- If you cannot keep your appointment, please telephone us immediately.
- If requesting a copy of an exam, please call 24 hours prior to pick-up.

****PLEASE REMEMBER WE ARE A FRAGRANCE FREE HOSPITAL****

PREPARATIONS AND INSTRUCTIONS:

□ OBSTETRICAL & PELVIC ULTRASOUND:

1. 2 hours prior to your exam empty your bladder and drink 4 FULL 8 ounce glasses of water.
2. Finish drinking the water 1 hour prior to your exam. DO NOT empty your bladder before your exam.
3. If the pressure on your bladder becomes unbearable, you can release the equivalent of 1 cup of fluid.
4. During the final 8 weeks of pregnancy you need to drink only 2 full 8 ounce glasses of water.

□ ABDOMINAL ULTRASOUND: i.e. Liver, Spleen, Gallbladder, Pancreas, Aorta, etc.

1. Nothing by mouth for 12 hours prior to your examination - ABSOLUTELY no smoking and no chewing gum.
2. If you have essential medication that must be taken, a small amount of water is permitted.
3. **For insulin dependent diabetics ONLY**
   - If you are asked to miss breakfast, take ½ your normal dose of insulin
   - If you have to miss any other meal, contact your doctor for further instructions
   - After the exam resume your usual diet and insulin routine

□ ABDOMINAL/PELVIC ULTRASOUND:

1. Nothing by mouth except CLEAR FLUIDS for 12 hours prior to exam - ABSOLUTELY no smoking and no chewing gum.
2. 2 hours prior to your exam empty your bladder and drink 4 FULL 8 ounce glasses of water.
3. Finish drinking the water 1 hour prior to your exam. DO NOT empty your bladder before your exam.

□ RENAL (KIDNEY) ULTRASOUND

1 hour prior to exam, DRINK at least 4 FULL 8 ounce glasses of water. Eat normally.

□ BARIUM ENEMA (COLON):

PICO-SALAX (picosulfate sodium – magnesium oxide – citric acid) (1 package of 2 sachets)

1. At 8 a.m. on the day prior to your procedure**, take 1 sachet of Pico Salax** mixed as directed on package with 150 ml of water. Follow this with 1 glass of water at hourly intervals throughout the day.
2. Stay on clear fluids ONLY for the whole day. You may drink as much clear fluid as you wish. This means fluid you can see through, i.e. tea, coffee (no milk/cream), juice (no pulp), soft drinks, bouillon, popsicles and jell-o.
3. At 2 p.m. on the day prior to procedure, **take the second sachet of Pico-Salax** mixed as directed on package.
4. You may have a CLEAR FLUID breakfast on the morning of your procedure.

□ ESOPHAGUS □ UPPER GI SERIES □ SMALL BOWEL EXAM

1. Nothing to eat or drink after midnight.
2. For small bowel exams ONLY you may be required to be in the Diagnostic Imaging Department up to four hours.

□ INTRAVENOUS PYELOGRAM (I.V.P.):

1. ON THE DAY BEFORE YOUR EXAM: at 12 p.m. **take 1 sachet of Pico-Salax** mixed as directed on package insert with 150 ml of water; at 6 p.m. take the second sachet of Pico-Salax mixed as directed on package insert. Drink 1 glass of water at hourly intervals throughout the day.
2. ON THE DAY OF YOUR EXAM: Light breakfast e.g. 1-cup fluid and toast. Light lunch e.g. 1-cup fluid and sandwich. DRINK NO MORE THAN THESE TWO GLASSES OF FLUID

Patient Name (REQUIRED) _____

D.O.B. _____

Address _____

Phone # _____ HC# _____

HEADWATERS Health Care Centre

DIAGNOSTIC IMAGING REQUISITION

100 Rolling Hills Drive, Orangeville ON L9W 4X9
Phone: 519-941-2410 Fax: 519-941-7726
Mon-Fri 7:00 am - 7:45 pm
Sat-Sun 8:00 am - 12:00 pm & 12:45 pm – 3:45 pm

Without this SIGNED requisition your exam CANNOT be performed. Please bring your Ontario Health Card. Please arrive 15 minutes prior to exam time. Late patients may be required to reschedule exam. INCOMPLETE REQUESTS WILL BE RETURNED, RESULTING IN A DELAY OF BOOKING

X-RAY (No appointment needed)

SPINE & PELVIS
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar (L/S) Spine
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Scoliosis series

CHEST & ABDOMEN
- ☐ Chest PA & LAT
- ☐ Ribs ☐R ☐L
- ☐ Sternoclavicular Joints.
- ☐ Sternum
- ☐ abdomen: Supine
- ☐ Abdomen: Upright & Supine

HEAD & NECK
- ☐ Neck for Soft Tissues
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ T.M. Joints

UPPER EXTREMITY
- ☐ Clavicle ☐ R ☐L
- ☐ A.C. Joints ☐R ☐L
- ☐ Shoulder ☐ R ☐ L
- ☐ Scapula ☐R ☐L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐R ☐L
- ☐ Forearm ☐ R ☐L
- ☐ Wrist ☐R ☐ L

UPPER EXRTREMITY (cont'd)
- ☐ Scaphoid ☐ R ☐L
- ☐ Hand ☐R ☐L
- ☐ Digit 1 2 3 4 5 ☐R ☐L

LOWER EXTREMITIES
- ☐ Hip ☐R ☐ L
- ☐ Femur ☐R ☐L
- ☐ Knee ☐ R ☐ L
- ☐ Tib. & Fib. ☐R ☐ L
- ☐ Ankle ☐R ☐ L
- ☐ Foot ☐R ☐L
- ☐ Toe 1 2 3 4 5 ☐R ☐ L
- ☐ calcaneus ☐R ☐ L
- ☐ Leg length ☐R ☐ L

Other X-ray: _____

GASTRICS (by appointment)
- ☐ Upper GI Series
- ☐ Modified Swallow

BONE DENSITY (by appointment)
- ☐ Baseline (one per Lifetime)
- ☐ First Screening recheck (36 months after normal base line)
- ☐ Screening recheck other than first (one every 60 months)
- ☐ High risk (one every 12 months): **Must indicate reason:**

INTERVENTIONAL (by appointment)
- ☐Fine Needle Aspiration:

Site: _____

- ☐ Core Biopsy:

Site: _____

- ☐other procedure:

_____

ULTRASOUND (by appointment)
- ☐ OB – Before 16 weeks
- ☐ Anatomy scan (18-20w)
- ☐ OB – Twin Pregnancy
- ☐OB – other (please specify)

_____

- ☐ Abdomen – complete
- ☐ Kidney
- ☐ AAA screening
- ☐ Abdomen – limited (specify):

_____

- ☐ Female Pelvis (including Trans Vaginal)
- ☐ Male Pelvis
- ☐ Hernia _____
- ☐ Appendix
- ☐ Thyroid / Parathyroid
- ☐ Neck
- ☐ Salivary glands
- ☐ Breast ☐ R ☐L
- ☐ Musculoskeletal ☐ R ☐ L

Site: _____

- ☐ Scrotum
- ☐ Pediatric hips
- ☐ soft tissue/mass

Site: _____

- ☐ Other: _____

VASCULAR DOPPLER (by appointment)
- ☐ Arm Artery ☐R ☐ L
- ☐ Leg Artery ☐R ☐ L
- ☐ Arm Vein ☐ R ☐ L
- ☐ Leg Vein ☐ R ☐L
- ☐ Leg Vein Incompetency ☐R ☐L
- ☐ Renal Arteries
- ☐ Carotid and Vertebral

CLINICAL INFORMATION (REQUIRED):

Urgent report needed ☐

Follow up in ER ☐

Ordering: _____

(Signature): _____

Date: _____

Office Phone # (REQUIRED): _____

C.C. _____

Please refer to the preparation instruction sheet for the appropriate exam