LWHA DIAGNOSTIC IMAGING REQUISITION

☐ WINGHAM – Tel: 519-357-3912
Fax: 519-357-3688

☐ LISTOWEL – Tel: 519-292-2071
OBSP: 519-291-5490
Fax: 519-291-2813

☐ E.R. Patient
☐ Return to E.R.
☐ Follow up with Family Physician

PATIENT NAME:
D.O.B.:
HEALTH CARD NO.:
PATIENT PHONE NO.:

Listowel Wingham HOSPITALS ALLIANCE
Enriching Life's Journey Together

APPOINTMENT DATE

PLEASE CALL FOR APPOINTMENT TIMES
ALL PATIENTS TO ARRIVE 15 MINUTES EARLY FOR APPOINTMENT
MUST HAVE REQUISITION AND HEALTH CARD FOR SERVICE

☐ X-RAY ☐ MAMMOGRAPHY(LMH)

HEAD
☐ Skull
☐ Facial Bones
☐ Mandible
☐ Nasal Bones
☐ Orbits
☐ TM Joints
☐ Soft Tissue Neck

CHEST
☐ Chest
☐ Ribs RT LT
☐ Sternum
☐ SC Joints

ABDOMEN
☐ Abdomen 3V
☐ Abdomen 1V/KUB

SPINE AND PELVIS
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Sacral Spine
☐ Sacrum & Coccyx
☐ Sacro-Iliac Joints
☐ Pelvis
☐ Scoliosis Series

☐ Other Exam Details

UPPER
	CIRCLE	
☐ A.C. Joints	RT	LT
☐ Clavicle	RT	LT
☐ Shoulder	RT	LT
☐ Scapula	RT	LT
☐ Humerus	RT	LT
☐ Elbow	RT	LT
☐ Forearm	RT	LT
☐ Hand	RT	LT
☐ Finger	RT	LT
☐ Thumb	RT	LT
☐ Wrist	RT	LT
☐ Scaphoid	RT	LT

LOWER
	CIRCLE	
☐ Hip	RT	LT
☐ Femur	RT	LT
☐ Knee	RT	LT
☐ Patella	RT	LT
☐ Tib-Fib	RT	LT
☐ Ankle	RT	LT
☐ Calcaneus	RT	LT
☐ Foot	RT	LT
☐ Toe	RT	LT

☐ Leg Length Study

GI/GU TRACT
☐ Esophagus
☐ UGI
☐ Colon (Barium Enema)
☐ Small Bowel Series
☐ Modified Barium Swallow (with Speech Pathologist)

(See other side for Prep)

☐ ULTRASOUND *(See other side for prep)*

SPECIFIC EXAM(S) REQUESTED
OBSTETRIC ULTRASOUND
LMP: _____
☐ Dating _____
☐ eFTS
☐ 11 - 14 weeks
☐ Routine (18 - 20 weeks)
☐ Other (please specify)
_____
☐ Biophysical profile
☐ BREAST ☐ RT ☐ LT (LMH)
☐ MSK *CIRCLE*
☐ KNEE RT LT
☐ SHOULDER RT LT
☐ OTHER _____

☐ SMALL PARTS
☐ Thyroid
☐ Neck
☐ Scrotum
☐ SOFT TISSUE
Specify _____

☐ VASCULAR *CIRCLE*
☐ Venous Doppler RT LT
Arm Leg
☐ Arterial Doppler RT LT
Arm Leg
☐ Carotid Doppler

☐ APPENDIX
☐ KIDNEYS & BLADDER
☐ PELVIS (Transvag if needed)
Bladder, Uterus, Ovaries, Prostate
☐ GROIN *CIRCLE* RT LT
☐ ABDOMEN: Complete
or
☐ ABDOMEN: Limited – Specify _____

☐ **OTHER ULTRASOUND EXAM DETAILS**

WSIB ☐ **Yes** ☐ **No** **DATE OF INJURY** **CLAIM #**

PATIENT HISTORY:

TECH SIGNATURE AND COMMENTS

Dr. Signature *(Mandatory)* DATE ORDERED: _____ Additional Copies to:

Doctor's Name *(Printed)*:_____

February 2021

INSTRUCTIONS

X-RAY EXAMINATIONS

☐ ESOPHAGUS, STOMACH or SMALL BOWEL SERIES
- Nothing to eat or drink after midnight
- Do not chew gum
- Modified Barium Swallow – no preparation

☐ BARIUM ENEMA
- Drink only clear fluids for breakfast, lunch and dinner until the exam is done (e.g. apple juice, jello, popsicles, chicken or broth soup, clear tea or coffee). No solid food, milk or milk products
- 24 hours of clear fluids only
- Dulcolax 20 mg tablets at 2pm the day prior to exam
- Drink jug of bowel prep (Golytely) as directed, beginning at 4 pm the day before the exam
- Nothing to eat or drink the morning of the exam until after exam is completed

If for some reason this is not acceptable, the alternative prep should be:
- Clear fluids for 48 hours prior to the exam
- Drink half bottle of Citromag evening of Day 1
- Drink half bottle of Citromag evening of Day 2
- Nothing to eat or drink Day 3 (morning of the exam) until after the exam is completed

☐ MAMMOGRAM
- Please do not wear powder, deodorant or body spray on day of examination
- Please wear a two piece outfit on day of examination (i.e. top & bottoms)

ULTRASOUND EXAMINATIONS

☐ OBSTETRIC OR PELVIS (Includes uterus, ovaries, prostate)
- Do not skip breakfast or lunch
- FINISH drinking 4 large glasses (32 oz total) of clear fluids 1 HOUR before your appointment time (e.g. if appointment is at 2 pm, have fluid finished by 1 pm and hold for 1 hour until appointment time)
- DO NOT go to the washroom from BEFORE you drink the fluid until AFTER the examination

☐ UPPER ABDOMEN AND PELVIS (Kidneys & bladder, renal colic))
- DO NOT eat for 8 hours
- Finish drinking 4 large glasses of water 1 hour before your appointment

☐ UPPER ABDOMEN (Includes gallbladder, liver, pancreas, kidneys)
- DO NOT eat for 8 hours before your appointment
- Drink ONLY WATER if thirsty
- Do not chew gum or smoke
- Take your usual medications

☐ CAROTID, THYROID, SCROTAL, SHOULDER, VENOUS DOPPLER, ECHO
- No preparation for these exams.

If you have any questions, please call the Diagnostic Imaging Department or your referring or family physician.

PLEASE NOTE: We do not have child sitting services. Please arrive with your own childcare if required.

February 2021