

# DIAGNOSTIC IMAGING REQUISITION

2675 Concession Rd. Kemptville, ON K0G 1J0  
Phone: 613-258-6133 Ext. 400 **OR** Fax: 613-258-4997  
**Fax all Requisitions. By appointment only.**  
Day, Evening & Weekends are available for most tests

**For Authorized  
Use Only**

| Please bring your Health Card and this Requisition<br>Register at the Welcome Centre in the Emergency Department  |  |
|---|--|
|   | Circle one:    Routine    Semi-Urgent    Urgent  |
| Name:   | <input type="checkbox"/> Bone Mineral Densitometry<br><br><input type="checkbox"/> Mammogram<br><br><input type="checkbox"/> X-Ray<br>Exam(s) Requested: _____<br>_____<br>_____ |
| D.O.B: Mo:                      Day:                      Year:   |  |
| Address:  |  |
| Phone #:  |  |
| <b>MANDATORY:</b> Additional Precautions<br><input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> None<br><input type="checkbox"/> Droplet/Contact |  |

| ULTRASOUND EXAMS (Please fax requests)  |   |
|---|---|
| <input type="checkbox"/> <b>Abdominal:</b>  | Liver, gallbladder, aorta, pancreas, kidneys, spleen - Do not eat or drink 6 hours prior. No chewing gum or candy. Medication may be taken with a sip of water. No smoking            |
| <input type="checkbox"/> <b>Renal:</b>  | Kidneys, ureters, bladder - Do not eat 6 hours prior but must drink 40 oz of water finishing 1 hour prior to arrival. Arrive with a full bladder. Medication may be taken with water. |
| <input type="checkbox"/> <b>Pelvis:</b>   | Prostate, bladder (Pre/Post void) seminal vesicles, RLQ, LLQ - May eat and must drink 40 oz of water finishing 1 hour prior to arrival. Arrive with a full bladder.                   |
| <input type="checkbox"/> <b>Pelvis</b><br><input type="checkbox"/> <b>Transvaginal:</b>   | Bladder, uterus, endometrium, ovaries, adnexa, RLQ, LLQ - May eat and must drink 40 oz of water finishing 1 hour prior to arrival. Arrive with a full bladder.                        |
| <input type="checkbox"/> <b>Pregnancy (early 6-12 weeks):</b>   | May eat and must drink 40 oz of water finishing 1 hour to arrival. Arrive with a full bladder.  |
| No preparation needed for the following:  |   |
| <input type="checkbox"/> Appendix <input type="checkbox"/> Abdominal Wall Hernia <input type="checkbox"/> Inguinal Canal<br><input type="checkbox"/> Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> Carotids <input type="checkbox"/> Scrotum <input type="checkbox"/> Extremity (Nodule)<br><input type="checkbox"/> Venous Doppler Circle one:    Left    Right <input type="checkbox"/> MSK of _____ |   |

|   |  |                             |
|---|--|-----------------------------|
| <b>Mandatory Clinical History</b> (Reason for Request): |  |                             |
|   |  |                             |
| Referring Physician: _____<br>(Please Print)            | Physician's Signature: _____<br>(Must be signed) | Date: _____<br>(DD/MM/YYYY) |
| Cc: _____   | CPSO #: _____                                    | OHIP Billing #: _____       |
| Technologist's Signature: _____                         | Lead Used: _____                                 |                             |
| # of images: _____                                      | Patient Pregnant: _____                          |                             |