DIAGNOSTIC IMAGING REQUISITION

KEMPTVILLE DISTRICT HOSPITAL
Building healthier communities

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

Please bring your Health Card and this Requisition
Register at the Welcome Centre in the Emergency Department

OHIP #	**Circle one: Routine Semi-Urgent Urgent**
Name:	☐ **Bone Mineral Densitometry**
D.O.B: Mo: Day: Year:	☐ **Mammogram**
Address:	
Phone #:	☐ **X-Ray**
MANDATORY: Additional Precautions ☐ **Contact** ☐ **Droplet** ☐ **Airborne** ☐ **None** ☐ **Droplet/Contact**	Exam(s) Requested:_____ _____ _____ _____

ULTRASOUND EXAMS (Please fax requests)

☐ **Abdominal:**	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
☐ **Renal:**	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.
☐ **Pelvis:**	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.
☐ **Pelvis** ☐ **Transvaginal:**	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.
☐ **Pregnancy (early 6-12 weeks):**	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:

☐ **Appendix** ☐ **Abdominal Wall Hernia** ☐ **Inginal Canal**
☐ **Thyroid** ☐ **Neck** ☐ **Carotids** ☐ **Scrotum** ☐ **Extremity (Nodule)**
☐ **Venous Doppler Circle one: Left Right** ☐ **MSK of _____**

Mandatory Clinical History (Reason for Request):

Referring Physician: _____ Physician's Signature: _____ Date: _____
(Please Print) (Must be signed) (DD/MM/YYYY)

Cc: _____ CPSO #: _____ OHIP Billing #: _____

Technologist's Signature:	Lead Used:
# of images:	Patient Pregnant: