NORFOLK GENERAL HOSPITAL

THIS REQUISITION AND YOUR HEALTH CARD ARE REQUIRED

REQUEST FOR XRAY AND ULTRASOUND

To cancel or rebook your appointment call 519-429-6974 (Fax 519-429-6992)

YOU *MAY* BE REBOOKED IF YOU ARE LATE FOR YOUR APPOINTMENT

NAME: _____PHONE: _____

ADDRESS: _____

POSTAL CODE: _____ DATE OF BIRTH: _____

HEALTH CARD NUMBER: _____

CLINICAL INFORMATION (Pertinent to the examination) WSIB ☐

_____

_____

_____

PHYSICIAN NAME: _____SIGNATURE_____
Please Print
OR
MEDICAL DIRECTIVE #:_____SIGNATURE_____

APPOINTMENT DATE/TIME:

Please come *15 MINUTES* before scheduled time.

Patient Mobility:

☐ Ambulatory ☐ Wheelchair ☐ Other

Emergency department use only

- ☐ **Patient to follow-up in ED**
- ☐ **Patient to follow-up with GP**

TECHNOLOGIST/RADIOLOGIST NOTES:

****Please make necessary child care arrangements as children are NOT allowed in examination rooms unless they are the patient****

X-Ray Exam Requested:

_____

If you are pregnant or think you may be pregnant, let your doctor and the Diagnostic Imaging Dept. know before your x-ray.

PLEASE MAKE SURE THE FOLLOWING PREPARATIONS ARE STRICTLY FOLLOWED

UPPER GI Series:
Nothing to eat or drink after 10:00pm the night before until after your exam is completed.

Ultrasound Exam

Please Fax Any External Relevant Reports

UPPER ABDOMEN (ABOVE UMBILICUS)

PREPARATION: NOTHING to EAT or DRINK after midnight the night before your exam.

- ☐ **Complete Abdomen**
- ☐ **Gallbladder Only**
- ☐ **Aorta**
- ☐ **Renal Only (Preparation Not Required)**
- ☐ **Renal/Bladder (Follow Pelvis Preparation)**
- ☐ **Other _____**

PELVIS (BELOW UMBILICUS)

PREPARATION: A *FULL* Bladder is necessary for your exam. *FINISH* drinking *ONE LITRE* of water one hour *BEFORE* exam. DO NOT EMPTY YOUR BLADDER

- ☐ **Female Pelvis (+/- Trans Vaginal)**
- ☐ **Male Pelvis**
- ☐ **Appendix (No Prep Required)**
- ☐ **Hernia (No Prep Required)**

DOPPLER (Available 8:00-4:30pm Mon-Fri only)

PREPARATION: No prep required

- ☐ **Venous: ARM / LEG (please circle) R / L**
- ☐ **Carotid**

SUPERFICIAL STRUCTURES

PREPARATON: No prep required

- ☐ **Thyroid**
- ☐ **Testicular**
- ☐ **Breast R / L (please circle)**
- ☐ **Other_____**

OBSTETRICS

PREPARATION: A *FULL* bladder is necessary for your exam. *FINISH* drinking *ONE LITRE* of water one hour *BEFORE* exam. DO NOT EMPTY YOUR BLADDER

- ☐ **Early Dating Exam (Before 16 weeks)**
- ☐ **18-20 Week Anatomical Assessment Exam**
- ☐ **High Risk**
- ☐ **Biophysical Profile (No Prep Required)**