GENERAL RADIOLOGY REQUISITION

WOODSTOCK HOSPITAL
Department of Diagnostic Imaging
310 Juliana Drive
Woodstock, ON N4V0A4
Phone: 519-421-4204 Fax: 519-421-4241
Central Bookings
Phone: 519-537-2381 Fax: 519-421-4238

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____
Phone: _____Fax:_____

Ordering Physician or Authorized Health Care Provider Signature:

Copy to:_____
☐ Call Report to (Phone Number):_____

Patient Information:

Name (Last, First): _____
DOB: _____ ☐M ☐F PIN:_____
MMM DD YYYY
Address:_____
Phone Number (Home):_____
(Other):_____
Health Card Number:_____ Version Code:_____

☐ WSIB? (Please include approval for specific exam)
Claim Number:_____ Date of injury:_____
☐ 3rd Party or Insurance (Company or Self-pay):_____

Does this patient have special needs or impairments?
(Please specify):_____
☐ Hold patient ☐ Send to Office ☐ Send to Outpatient Clinic

Clinical Indication, History (reason for exam):

PATIENTS PRESENTING UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RE-BOOKED
Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238

Examination(s) Requested:

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

SPINE
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum and Coccyx
☐ Sacroiliac Joints
☐ Scoliosis (complete spine 1 view)

CHEST
☐ Chest
☐ Sternum
☐ Sternoclavicular Joints

Right Left
☐ ☐ Ribs

ABDOMEN
☐ KUB (1 view)
☐ Acute Series (3 views)

GI TRACT❖
❖ Preparation required See page 2 ⇨
☐ Barium Swallow
☐ Upper GI
☐ Small Bowel (SBFT)
☐ Barium Enema
☐ Modified Barium Swallow

UPPER EXTREMITIES
☐ Acromioclavicular Joints

Right Left
☐ ☐ Clavicle
☐ ☐ Shoulder
☐ ☐ Scapula
☐ ☐ Humerus
☐ ☐ Elbow
☐ ☐ Forearm
☐ ☐ Wrist
☐ ☐ Scaphoid
☐ ☐ Hand
☐ ☐ Finger 1 2 3 4 5 ☐☐☐☐☐

LOWER EXTREMITIES
☐ Hips to Ankle (leg length)
☐ Knees Bilateral (standing)
☐ Pelvis

Right Left
☐ ☐ Hip
☐ ☐ Femur
☐ ☐ Knee
☐ ☐ Tibia Fibula
☐ ☐ Ankle
☐ ☐ Calcaneus
☐ ☐ Foot
☐ ☐ Toe 1 2 3 4 5 ☐☐☐☐☐

SPECIAL PROCEDURES❖
❖ Blood work and preparation required - See page 2 ⇨
☐ Cystogram: ☐ Voiding ☐ Lateral Stress ☐ Post Prostatectomy
☐ Hysterosalpingogram
☐ Intravenous Pyelogram

Right Left
☐ Facet Injection (specify levels) _____ ☐☐
_____ ☐☐
_____ ☐☐
☐ Arthrogram (specify joint) _____ ☐☐
☐ Joint Injection (specify joint) _____ ☐☐

☐ Other: _____

NOTE: THE X-RAY TABLE WEIGHT LIMIT IS 450 POUNDS

Appointment Date:

Appointment Time:

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD
❖Requirements and preparations for examinations provided on page 2 ⇨
To cancel or reschedule this appointment please call Central Bookings: 519-537-2381

GENERAL RADIOLOGY EXAMS REQUIRING PREPARATION

EXAM	PREPARATION	DURATION
Facet Injection, Joint Injection, Arthrogram	• You may be required to refrain from any blood thinners (including Aspirin) for 5-7 days prior, at the discretion of your attending physician. Please contact your attending physician for any questions regarding your medications • No restrictions on food or drink	1 hour
Hysterosalpingogram	• Exam should be booked 5-10 days after the first day of your period. If your period starts the day before or day of your exam, then exam needs to be rescheduled • Pregnancy test required the day before or 2 hours prior to appointment (if not postmenopausal) • Please arrange through your attending physician • You must abstain from intercourse following the pregnancy test until after the exam	1 hour
Upper GI, Barium Swallow	• Nothing to eat or drink after midnight • No smoking or chewing gum for 8 hours prior to and up to your appointment time	15-30 minutes
Small Bowel Follow Through (SBFT)	• Nothing to eat or drink after midnight • No smoking or chewing gum for 8 hours prior to and up to your appointment time	2-4 hours
Intravenous Pyelogram (IVP)	• No preparation required • Bring a written list of your current medications • Contrast injection is required for this exam, so patient must be capable of giving informed consent If incapable, the substitute decision maker must accompany patient **For diabetic patients on Metformin, Januvia-met, Glucophage, Glycon, Avandamet and any Metformin-type drug:** - Patient must stop use of these medicines for 48 hours AFTER the injection - You must contact your attending doctor to order blood work to evaluate serum creatinine and the results must be checked BEFORE you restart the Metformin-type of medicines - Please consult with your doctor if you are unsure which ones contain Metformin	1-2 hours
Barium Enema This is an x-ray examination of your large bowel (colon) after it is filled with barium and air, administered by an enema To have a successful exam, it is imperative to have a clean bowel **If your bowel is not properly cleansed, your exam will be rescheduled** **CONTRAINDICATIONS** - Prior reaction to this product or any components in Pico-Salax or Purg-Odan - Severe renal dysfunction	**Preferred Bowel Preparation** (can be purchased at your local pharmacy and it is now covered by the Ontario Drug Benefit Program, ODB) 1. Purchase 1 box Pico-Salax or Purg-Odan (each box must contain 2 packets of bowel preparation) You will need to take both packets of either Pico-Salax or Purg-Odan 2. Bisacodyl Laxative (such as Dulcolax) 4 tablets (5 mg each) **On the Day Before the Exam** 1. Restricted to clear fluids the day prior to procedure 2. Clear fluids: apple juice, Jell-O, chicken broth, Gatorade, popsicles, water, ice, decaffeinated tea or coffee, ginger ale. No milk products or other liquid you cannot see through 3. **At 8:00 am**, take 4 Bisacodyl (Dulcolax) tablets (5 mg each) by mouth with 1-2 glasses of water 4. **At 11:00 am**, take 1st packet of Pico-Salax (mixed in with 150 mL of cold water). This solution will heat up, thus let it cool before drinking. You must continue to stir while drinking the mixture of Pico-Salax to ensure all the laxative has dissolved. Drink at least one glass of room temperature water (and extra clear fluids if desired) each hour over the next 3 hours to replace fluids lost throughout the cleansing process and to ensure effectiveness of the bowel prep. Most people will have 3-6 watery bowel movements 5. **At 3:00 pm**, take 2nd packet of Pico-Salax (mixed in with 150 mL of cold water). You must continue to stir while drinking the mixture of Pico-Salax to ensure all the laxative has dissolved. Drink at least one glass of room temperature water (and extra clear fluids if desired) each hour over the next 3 hours 6. Nothing to eat or drink after midnight **Day of Barium Enema Exam: No Breakfast** • The only exceptions are diabetic patients who may have a light breakfast on the morning of the barium enema to prevent insulin reaction. Diabetic patients should have an early morning appointment • **Please advise your doctor if you are taking aspirin, blood thinners, iron pills or multivitamin with iron, Ticlid or Plavix, diabetic medications and any other medications, or if you are breastfeeding.**	1 hour

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

For any questions regarding General Radiology please call: 519-421-4204

Please be aware that this is a "Fragrance Free" facility