



NAME:
DOB:
ADDRESS:
TELEPHONE # (H):
(W):
HCN:

Please indicate the location for this examination

Appointment Date

Appointment Time

Table with 5 columns: Tick Here, Location, Type of Exam, To Book Appointment, To Fax Requisition. Rows include Lakeridge Health Ajax Pickering, Bowmanville, Oshawa, and Port Perry.

Children will not be allowed in the Exam Room. Please make necessary babysitting arrangements. Please bring this requisition and your health card with you. Follow ALL preparation instructions given. (SEE REVERSE)

ABDOMEN:

- SUPINE ABD (KUB)
3 VIEWS (ACUTE ABD SERIES)

HEAD AND NECK:

- SKULL
SINUSES
FACIAL BONES
NASAL BONES
ORBIT
PRE-MRI ORBIT
MANDIBLE
TM JOINTS
ADENOIDS
ST NECK

CHEST:

- PA & LAT
PA CXR
CXR INSP. & EXPIR.
RIBS + PA CXR
STERNUM

SPINE & PELVIS:

- CERVICAL SPINE
THORACIC SPINE
LUMBO-SACRAL
SACRUM & COCCYX
PELVIS
PELVIS & BOTH HIPS
SI JOINTS
SCOLIOSIS (LHO, LHAP by appt)
LEG LENGTH (LHO, LHAP by appt)

MISCELLANEOUS:

- FOREIGN BODY LOCALIZATION
SKELETAL SURVEY (by appt)
BMD (by appt)
OTHER EXAMS:

UPPER EXTREMITY:

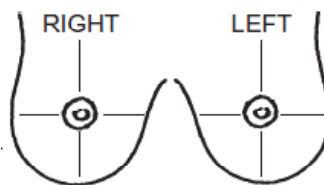
- CLAVICLE
AC JOINTS
SHOULDER
SCAPULA
HUMERUS
ELBOW
FOREARM
WRIST
SCAPHOID
HAND
DIGIT 1 2 3 4 5

LOWER EXTREMITY:

- HIP
FEMUR
KNEE
TIB/FIB
ANKLE
FOOT
TOES 1 2 3 4 5
CALCANEUS

BY APPOINTMENT ONLY:

- MAMMOGRAM
SCREENING
PALPABLE MASS
OTHER



BY APPOINTMENT ONLY

ULTRASOUND:

- ABDOMEN
PELVIS
OBS
BIOPHYSICAL PROFILE
2nd TRIMESTER ANATOMICAL SURVEY
SCROTUM
THYROID
BREAST
SHOULDER/MSK OTHER
OTHER
CAROTID DOPPLER
ARTERIAL DOPPLER
VENOUS DOPPLER
ABDOMINAL

CARDIAC ULTRASOUND:

- ECHOCARDIOGRAM
TRANS-ESOPHAGEAL ECHOCARDIOGRAM

G.I. TRACT (LHO by specialist referral):

- BARIUM SWALLOW
UPPER GI SERIES
WATER SOLUBLE ENEMA

G.I. TRACT (LHAP):

- BARIUM SWALLOW
UPPER GI SERIES
SMALL BOWEL FOLLOW THROUGH
BARIUM ENEMA

G.U. TRACT (LHO by specialist referral):

- VOIDING CYSTO-URETHROGRAM

CLINICAL HISTORY:

Physician's Name:

Physician's Signature:

Date:

DDMMYYYY



## PREPARATION INSTRUCTIONS

Appointment Date/Time: \_\_\_\_\_

Children with parents who are having an X-Ray or Ultrasound Exam will not be allowed in the Exam Room. Please make necessary babysitting arrangements.

Diabetics: Please inform us **at the time of booking** so that an early appointment can be arranged. **Please consult your doctor if you need further information.**

**Female Patients:** If there is a possibility that you are **Pregnant**, please inform your doctor and the technologist. Please try to **book your appointment within the 10-day period following the onset of menstruation**, since the risk of pregnancy is small during this period. If you are scheduled for Obstetric or Pelvis Ultrasound, an internal trans-vaginal exam is recommended.

### **Upper GI series / Barium Swallow / Small Bowel follow-through**

Nothing to eat or drink after midnight on the night before the test. Bring your morning oral medications with you and take them after your test. Do not smoke or chew gum on the day of the test. Expect the Small Bowel follow-through / examination to take a minimum of 2 hours to complete.

**Barium Enema:** You may continue to take your regular medications with a sip of water.

**Adult: Docolax (3 tablets) and PICO-SALAX (2 sachets) ordered by the patient's physician.**

**Day before procedure:**

**After Breakfast drink only clear fluids for the rest of the day, this means no solids or non-clear juices. Drink lots of clear fluids to avoid dehydration (very important). Clear fluids include water, apple juice, cranberry juice, sprite, ginger ale, Jell-O, black tea, black coffee, clear sports drinks like Gatorade (non red), clear soups (bouillon/broth) or clear coloured popsicles.**

**At 3 PM (15:00 hrs): Take three Docolax tablets.**

**At 8 PM (20:00 hrs): Take first sachet of PICO-SALAX mixed in water as described below. Empty the contents of the sachet into a mug. Add 150mL of cold water and stir for 2-3 minutes. The solution may become hot, if it becomes hot wait until it cools sufficiently to drink.**

**It is important to drink, at least a large glass of water (250mL) of water or other clear fluids preferably Gatorade (non red) every hour while the effects of PICO-SALAX persist.**

**Morning of procedure**

**At 5 AM (05:00 hrs): Take second sachet of PICO-SALAX mixed in water as described above. Clear fluids are permitted up until 3 hours before the procedure.**

### **Mammography:**

Do not use deodorant, powders or creams on breasts or underarms the day of the examination. If you have had **PREVIOUS MAMMOGRAMS ELSEWHERE** it is important that you **BRING THEM** to this appointment. Please do not be alarmed if additional films or ultrasound is necessary at the time of your visit or by call back.

**Ultrasound:** You may continue to take your regular medications with a sip of water.

### **Abdominal Ultrasound**

Nothing to eat or drink after midnight on the night before the test.

Afternoon appointment – you may have a FAT FREE (no cream, milk or fat) breakfast before 9 a.m.

Have nothing to eat or drink after 9 a.m.

### **Pelvic Ultrasound**

Do not empty your bladder 2 hours before examination time.

No extra fluid required. Normal diet.

### **Abdominal and Pelvic Ultrasound (both done on the same day appointment)**

Follow instructions for Abdominal Ultrasound, BUT do not empty your bladder 2 hours before examination time.

### **Obstetrical Ultrasound**

Do not empty your bladder 2 hours before examination time.

No extra fluid required. Normal diet.

