



# **Diagnostic Imaging Requisition**

# Place Patient Identification Label Here

General Bookings (905) 377-7746 Fax (905) 373-6922 Mammography/OBSP Bookings (905) 377-7795 Fax (905) 373-6914

CT Guided Biopsy Bookings: Please use NHH CT Requisition for requesting CT Guided biopsies..

Patient Location In-Patient Out-Patient	Last Name:
Radiography Patients for routine x-rays can come to NHH as a walk-in, between the hours  Please fax all requisitions, other than walk-in requests to NHH DI Bookings at (905) 373-6922	Address: P. Code Phone: () D.O.B:
of 8:30am and 3:00pm, 7-days per week, no appointment necessary.  Walk-in patients must bring this	Health Card #:  WSIB Claim #: (HC version code)
requisition and their health card with them.  Bone Mineral Densitometry	DI will contact patient directly with an appointment unless this box is checked  Speak to Patient only  Patient's consent to leave message
<ul> <li>□ Baseline BMD (1<sup>st</sup> ever BMD)</li> <li>- eligible once per lifetime</li> <li>□ Low Risk 2<sup>nd</sup> BMD</li> </ul>	Contact POA or other Tele#:
<ul> <li>eligible 36 months after Baseline</li> <li>Low Risk 3<sup>rd</sup> &amp; subsequent BMD</li> <li>eligible once every 60 months</li> <li>High Risk</li> </ul>	Ordering Physician/Practitioner Data Name:
- eligible once per year (see reverse)  Interventional Radiography (IR)  For IR requests, is the patient on	OHIP Billing #: CPSO #:  Phone: Fax:
anticoagulants? NO YES  Please note that a separate requisition has been created for Ultrasound examinations.	Copies To: (Include Address)
Patient preparation instructions are located on the back of this form.	PREVIOUS RELEVANT TESTS (WHERE/WHEN):  X-RAY:  BMD:
Examination Requested:	CT: MRI:
History:	U/S: NUC MED: OTHER (PLEASE SPECIFY):
Physician's / Practitioner's Signature	
To the Patient Appointment Date: Time:	
You must bring this requisition with you!	
If you think you may be pregnant or are breast-feeding, please inform the technologist.  Northumberland Hills Hospital is a fragrance free environment.	

Northumberland Hills Hospital is a fragrance free environment.

Perfume, after-shaves or colognes, strongly scented soaps or deodorants are not permitted due to potential allergic reactions by both patients and staff.

Form: 400 (10/19)



# **Patient Preparation Instructions**

# **Bone Mineral Densitometry (BMD)**

Please do not take calcium supplements on the day of your examination or your examination may have to be rebooked.

Please do not wear clothing that has metal buttons, zippers and/or grommets and remove belly-button piercings on the day of your examination.

### High Risk BMD patients are patients who:

- 1. have had osteopenia or osteoporosis on any previous BMD study or
- 2. have had a reduction in BMD of at least 1% per year on any previous BMD studies of
- 3. have clinical risk factors that include
  - Vertebral compression fractures
  - Fragility fracture after age 40
  - o Family history of osteoporotic fracture (especially maternal hip fracture)
  - Systemic glucocorticoid therapy > 3 months
  - Malabsorption syndrome
  - Primary hyperparathyroidism
  - Propensity to fall
  - Osteopenia apparent on x-ray
  - Hypogonadism
  - Early menopause (before age 45)

#### Radiography

- O **Upper GI Series**: Do not eat or drink anything (including oral medications) after 10pm on the night before your appointment. Take any bedtime oral medications before 10 pm. Bring your morning oral medications to the hospital and take them after your test. Do not smoke or chew gum on the day of the examination.
- Small Bowel Follow-Through: Do not eat or drink anything† after 10 pm the night before your appointment. Expect to be in the department at least 2-3 hours.

#### Interventional Radiography

Depending of what type of interventional radiographic procedure you are having, you may not be permitted to drive a motorized vehicle. It is best
to arrange for someone to bring you to the hospital for your procedure.

†If you require heart medications, you should take these as per your normal routine, using very small sips of water. ‡Clear fluids include apple juice, clear jellies, consommé, water, and tea. They do not include milk, coffee, or orange juice.

If you require insulin injections, you should discuss this with your doctor prior to coming for your test. Please inform the technologist.

#### **Privacy Commitment:**

NHH is committed to protecting the privacy, confidentiality and security of all personal information to which it is entrusted in order to carry out its mission. We are collecting this information to assist us in your care and treatment. The demographic information related to you i.e.: name, date of birth, health card number, is necessary and will allow NHH the ability to bill the healthcare system for the services being provided. Failure to provide this information may result in the patient being billed directly for the services provided. This document will be retained as a permanent part of your record and will be destroyed according to legal requirements.