



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..

<p>Patient Location</p> <p>In Patient <input type="checkbox"/> Out Patient <input type="checkbox"/></p> <p>Hospital _____ Ward _____</p>	<p>Patient Data (print or place imprint in upper right corner)</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Address _____</p> <p>City _____ Code _____</p> <p>Phone _____ DOB <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">D M Y</p> <p>HC no. <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: right;"><u>Version</u></p> <p>WSIB/Claim #: _____</p>
<p>Transportation (circle)</p> <p>Ambulatory Wheelchair Stretcher</p> <p>General Imaging Requests</p> <p><input type="checkbox"/> Radiography <input type="checkbox"/> Ultrasound</p> <p>Bone Mineral Densitometry</p> <p><input type="checkbox"/> Baseline BMD (1st ever BMD) - eligible once per lifetime</p> <p><input type="checkbox"/> Low Risk 2nd BMD - eligible 36 months after Baseline</p> <p><input type="checkbox"/> Low Risk 3rd & subsequent BMD - eligible once every 60 months</p> <p><input type="checkbox"/> High Risk - eligible once per year (see reverse)</p>	<p>Physician Data (print or imprint below)</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Billing #: _____</p> <p>CPSO #: _____</p> <p>Copies to: _____</p>
<p>Exam Requested:</p> <p>History: (Required)</p> <p>_____ Physician's Signature</p>	<p>PREVIOUS RELEVANT TESTS (WHERE/WHEN):</p> <p>X-RAY: _____</p> <p>BMD: _____</p> <p>CT: _____</p> <p>MRI: _____</p> <p>U/S: _____</p> <p>NUC MED: _____</p> <p>OTHER (PLEASE SPECIFY):</p> <p>-----</p>
<p>Urgent <input type="checkbox"/> Elective <input type="checkbox"/></p>	<p>FOR INTERVENTIONAL REQUESTS, IS THE PATIENT TAKING ANTICOAGULANTS? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>

To the Patient

Appointment Date: _____ **Time:** _____ **Location:** _____

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



Patient 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.

2 High Risk 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
 - 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)

Mammography

- Do not use deodorant, talcum powder or any other ointment or cream on your breasts or underarms before your exam. Dress comfortably, preferably in a two piece outfit since you will be asked to undress above the waist for the procedure.

Radiography

- **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.

Ultrasound

- **Abdominal Ultrasound:**
- *morning appointment:* Do not eat or drink anything† after 10 pm on the evening before your test.
- *afternoon appointment:* Do not eat or drink anything† after 8 am on the day of your test.
- **Pelvic Ultrasound:** Drink three (3) glasses of water (8 ounces each) before your test. You should be finished drinking this by one hour before your appointment time. Do not void (empty your bladder) after drinking this water as your bladder must be full for a successful test. In certain special circumstances, an ultrasound probe may be inserted internally.
- **Kidneys Ureters Bladder and/or Prostate and/or Post Void Residual:** Please follow the instructions for **Pelvis Ultrasound**.
- **Obstetrical Ultrasound:**
- *before 20 weeks (4 1/2 months):* Follow the instructions listed for pelvic ultrasound above.
- *after 20 weeks (4 1/2 months):* No preparation is required.
- **Other ultrasound tests:** No preparation is required.

†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.