

Middlesex Hospital Alliance Diagnostic Imaging

MIDDLESEX
HOSPITAL
ALLIANCE

Phone: 519-246-5911
Toll Free: 1-866-269-8384

Strathroy Middlesex General Hospital

Four Counties Health Services

For appointments, please fax
completed requisition to:

Fax: 519-245-3843

Patient's Last name	First Name
Address	
Phone #	DOB YYMMDD
Health Card #	Accessibility Concerns and Requirements

APPOINTMENT DATE

AM PM

TIME

Important: For safety reasons, young children will not be permitted in the room during your examination

ALL NON-URGENT REFERRALS REQUIRE AN APPOINTMENT

CHEST & ABDOMEN

- Chest PA & LAT
 Ribs RT LT
 KUB
 Abdomen (1 View)
 Abdomen Series (3 Views)

Other, please specify: _____

HEAD & NECK

- Nasal Bones
 Facial Bones
 Soft Tissue of Neck
 Orbits
 Orbits pre-MRI
 Mandible
 TM Joints

SPINE & PELVIS

- Cervical Spine
 Thoracic Spine
 Lumbar Spine
 Sacrum & Coccyx
 SI Joints
 Spine Complete- *Scoliosis*
 Pelvis

LOWER EXTREMITIES

- R L
 Hip
 Femur
 Knee
 Tibia & Fibula
 Ankle
 Foot
 Calcaneus
 Heel Spur (1View)
 Toes 1 2 3 4 5

UPPER EXTREMITIES

- R L
 Shoulder
 Clavicle
 Humerus
 Elbow
 Forearm
 Wrist
 Scaphoid
 Hand
 Digits 1 2 3 4 5

ULTRASOUND

- Abdomen
 Aorta
 Kidneys
 Kidneys & Bladder
 Pelvis
 (Transvaginal if appropriate)
 Scrotal
 Thyroid Neck
 Hernia Inguinal
 RT LT BIL
 Hernia Abdomen Wall _____
 Soft Tissue Mass: _____

OBSTETRICAL

- Date of LMP: _____
 Beta HCG: _____
 OB Dating
 OB 11-13.6 wks (eFTS)
 OB Routine 18-20 wks
 OB Twins
 OB Recheck: _____

VASCULAR

- Carotid
 Leg Venous Doppler
 RT LT Bilat
 Arm Venous Doppler
 RT LT Bilat

MUSKULOSKELETAL

- Shoulder
 RT LT Bilat
 Other: _____

SMGH ONLY

BMD (>18yrs <350lbs)

- Repeat Previous When:
 Where: _____
 Baseline (NO previous)
 Treatment for bone loss: Start Date: _____
 Drug:
 Corticosteroid >3 months? Yes No
 Start Date: _____
 Fragility fracture after 40? Yes No

GASTRICS / FLUOROSCOPY

- Upper G.I Series/Barium Swallow
 Modified Barium Swallow with referral to SLP

ECHOCARDIOGRAM

- Routine Echocardiogram (>18 years)
 Please Fax Echo requests to 519-246-5930

REASON FOR EXAM / CLINICAL HISTORY

(Please also include presenting symptom(s), relevant underlying diagnosis and therapies, where applicable)

PROVIDER NAME	BILLING #	PROFESSIONAL ID
ADDRESS	CITY	PROVINCE/POSTAL CODE
PHONE #	FAX #	STAT CONTACT #
PROVIDER SIGNATURE	DATE	

INCOMPLETE, ILLEGIBLE, AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED

CONTACT INFORMATION

STRATHROY MIDDLESEX GENERAL HOSPITAL

395 Carrie Street, Strathroy,
Ontario, N7G 3J4

PAID PARKING

SERVICES:

X-Ray, Gastrics, Ultrasound, CT,
BMD, Mammography, MRI,
Echocardiograms



CENTRAL BOOKINGS

Please fax completed requisition to:

FAX: (519)245-3843

Phone: (519)246-5911

Toll Free: 1-866-269-8384

Monday to Friday 8:30am – 4:00pm

CT and MRI requisition is available at:
www.wecare2image.ca/requisition-forms/

FOUR COUNTIES HEALTH SERVICES

1824 Concession drive, RR#3,
Newbury, Ontario, N0L 1Z0

FREE PARKING

SERVICES:

X-Ray, Ultrasound, ECG'S, Holter
Monitors

EXAM PREPARATION

GASTRICS/FLUORO

UPPER GI SERIES

Nothing to eat or drink after midnight
Hold all medications by mouth until after
exam

MODIFIED BARIUM SWALLOWS:

No preparation

ULTRASOUND

OBSTETRIC & PELVIC ULTRASOUND

FINISH drinking 1 L of water 1 hour before the
exam and do not empty bladder

ABDOMEN ULTRASOUND

NOTHING to eat or drink 10 hours before exam.
May take prescription medication with small
amount of water.

AORTA ULTRASOUND

NOTHING to eat or drink 4 hours before exam

KIDNEYS AND BLADDER ULTRASOUND

FINISH drinking 1 L of water 1 hour before the
exam and do not empty bladder

BONE MINERAL DENSITY

- Wear elastic waistband
- No metal at all in clothing
- No underwire bra
- No calcium supplement 24 hours prior to exam
- Bring reading glasses if needed
- Bring interpreter if needed

PATIENT INFORMATION

1. Please bring your health card and **register 15 -20 minutes prior to your appointment.**
2. Please call if you are unable to keep your appointment
3. Take all prescribed medications unless instructed and bring a list of medications with you for your exam
4. Diabetic patients: If instructions require fasting or clear fluid diet, please request early appointment
5. For safety reasons, young children will not be permitted in the room during your examination
6. Kindly advise us of any accessibility concerns or requirements prior to your exam
7. Please avoid wearing fragrances as we are a fragrance reduced environment
8. Smoking is not permitted on hospital property
9. One support person is permitted in the exam room when required
10. For all tests, wear loose clothing without buttons or zippers. Bring shorts without metal for knee imaging.