

# Middlesex Hospital Alliance Diagnostic Imaging

Patient's Last Name  Address  Phone #  Health Card #	YY MM DD		OR TOLL FREE 1-866-BETWEEN 8:30AM-4FAX 519-245-3843  APPOINTMENT  TIME  IMPORTANT: Please bring	R APPOINTMENTS CALL (519) 246-5911 TOLL FREE 1-866-269-8384 IWEEN 8:30AM-4:00PM X 519-245-3843  POINTMENT DATE		
			O) (O)	exam, please arrange child car	·e.	
X-RAY  "I delcare that to the best of my know		FCHS 0800-1730hr M-F	SMGE	( 0800-1930 M-F	2 3 4	
□ Nasal Bones       □ Cer         □ Sinuses       □ The         □ Facial Bones       □ Lur         □ Soft Tissue of Neck       □ Sac         □ Orbits for MRI       □ S.I.         □ Mandible       □ Pel         □ TM Joints       □ Hip         CHEST       □ Hip         □ Chest PA & LAT       □ ABD         □ KU       □ Acc	rvical Spine R oracic Spine	☐ Shoulder ☐ Clavicle ☐ Humerus ☐ Elbow ☐ Forearm ☐ Wrist ☐ Scaphoid ☐ Hand ☐ Digits 1 2 3 4 5	R L	Knee Tibia & Fibula Ankle	1 2 3 Indicate si	o er
	ALL TESTS BELO	W REQUIRE AN AI	PPOINT	MENT		
ULTRASOUND			SMGH ONLY			
□ Kidneys □ Kidneys and Bladder   □ Aorta □ Pelvis - female (proceed to Transvaginal if appropriate)   □ Pelvis - male □ Thyroid   □ Thyroid □ Neck   □ Hernia □ Inguinal □ R □ L   □ Abdomen Wall □ Soft Tissue Mass:	(to R/O DVT)  RT LT Bilateral  Leg Arterial Doppler	OBSTETRICAL  Date of LMP  OB Dating  OB 11-13.5 wks (IPS  OB Routine 18-20 wl  OB Twins  MUSCULOSKELETA  Shoulder  RT LT Bilateral  Other:  HISTORY	ks L	Corticosteroid >3 Start Date: Fragility fracture a	ious)  Start Date:  3 months?  Yes  N  after 40?  Yes  N  FLUOROSCOPY  Barium Swallow	
	, 55			☐ Voiding Cystogram ☐ Stress Cystogram ☐ Modified Barium *requires assessment by	Swallows SLP	
				ECHOCARDIOGRAM		
Stat Contact Information:				☐ Routine Echocard	diogram (> 16yr. old)	
PHYSICIAN'S/NP SIGNATURE:		FAMILY		Data		

 $\square$  STRATHROY MIDDLESEX

YY MM DD

GENERAL HOSPITAL

☐ FOUR COUNTIES

# **CONTACT INFORMATION**



Services: X-Ray, Gastrics, Ultrasound CT, BMD, Mammography,

Echocardiograms

STRATHROY MIDDLESEX GENERAL HOSPITAL

395 CARRIE STREET STRATHROY, ONTARIO N7G 314

PAID PARKING



### CENTRAL BOOKINGS LINE

1-866-269-8384 Toll Free or 519-246-5911

Monday to Friday 8:30am to 4:00pm



Services: X-Ray, Ultrasound. ECG's\*, Holter Monitor\*, Loop Recorders\*

FOUR COUNTIES HEALTH SERVICES 1824 CONCESSION DRIVE, RR#3 NEWBURY, ONTARIO NOL 1Z0

FREE PARKING

\* Please fax requisition to 519-693-1248

## **EXAM PREPARATION**

# GASTRICS/FLUORO

### ☐ BARIUM ENEMA

You will need to purchase the following items from the pharmacy:

- Two Dulcolax 5mg tablets
- One box of PICO-SALAX (contains 2 sachets)
- Anti-nausea tablets

One Day before exam: You may have breakfast as usual, then restrict yourself to clear fluids (i.e. clear fruit juice, clear tea, black coffee, jello, clear broth). You should drink plenty of fluids throughout the day.

### • 8:00am

Take two 5mg Dulcolax tablets. This is a gentle laxative with delayed reaction.

Take the FIRST sachet of PICO-SALAX. Dissolve in 150 ml (5 ounces) of cold water. Stir 2-3 minutes and drink the solution. If it becomes hot, wait until it cools before you drink it. Your bowels may start to move in an hour. Take anti-nausea tablets if needed.

Drink 5-6 glasses (40-48 OUNCES) of clear fluids (especially sport energy drinks) to help flush out your bowel.

Take the SECOND sachet of PICO-SALAX. Dissolve in 150ml (5 ounces) of cold water. Stir 2-3 minutes and drink the solution. If it becomes hot, wait until it cools before you drink it. Your bowels may start to move in an hour. Anti-nausea tablets if needed.

Drink 5-6 glasses (40-48 ounces) of clear fluids (especially sport energy drinks) to help flush out your bowel.

Nothing to eat or drink after midnight until the Barium Enema is completed.

☐ UPPER GI SERIES

Nothing to eat or drink after midnight.

☐ SMALL BOWEL

Nothing to eat or drink after midnight.

☐ MODIFIED BARIUM SWALLOWS No prep.

# **ULTRASOUND**

☐ OBSTETRIC, PELVIC & TRANSVAGINAL ULTRASOUND

FINISH drinking 32oz. (1 L) of water 1½ hrs. before exam.

Do not urinate until after examination.

☐ ABDOMEN ULTRASOUND

NOTHING to eat or drink 10 hours before exam.

☐ AORTA ULTRASOUND

NOTHING to eat or drink 6 hours before exam.

☐ KIDNEYS AND BLADDER ULTRASOUND

FINISH drinking 32oz. (1 L) of water 1½ hrs. before exam.

Do not urinate until after examination.

☐ KIDNEY ULTRASOUND

No preparation.

## ☐ BONE MINERAL DENSITY

- Wear elastic waistband/no metal at all in clothing.
- No underwire bra.
- No calcium supplement 24 hours prior.
- Reading Glasses if needed
- Interpreter if needed

### 1st Baseline BMD in Ontario

Low Risk (2<sup>nd</sup> test - 36 months) Low Risk (3<sup>rd</sup> test - 60 months) High Risk (once every 12 months)

## PATIENT INFORMATION

- 1. Please bring your health card and this requisition (if given to you by the physician)
- 2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physicians. If instructions require fasting or "clear liquid" diet, diabetics should request early appointments.
- 3. Please bring an adult to supervise your children during your exam
- 4. Please call if you are unable to keep your appointment. (1-866-269-8384)
- 5. Kindly advise us of any mobility issues prior to your exam.
- 6. Please avoid wearing fragrances as we are a fragrance free facility.

For all tests bring a list of all your medication.

For all tests, please comply with the following points:

- wear loose clothing that buttons at the front
- if you have a pacemaker bring the card that indicates the kind
- no powder on upper body