

Stores #316455

MEDICAL IMAGING REQUISITION

DIXX102601B	Rev: April 2011		Page: 1 of	f 2				
Hospital Site:			Surname	F	First Name	Sex M F		
			Address			l		
Appt. Date: Time:			City Home Phone					
☐ Not Willing to be booked at alternate hospital ☐ Interpreter Needed? Language			Date of Birth (dd/mm/yy)		Work Phone			
			Medical Plan Number			WCB / ICBC Claim Number		
Interpreter Ne	eeded? Language		X MSP ☐ WCB ☐ ICBC ☐ PATIENT ☐ OTHER					
□ X-RAY	CT INTERVENTIONAL PROCEDURES / ANGIO							
☐ X-RAY ☐ ULTRASOUND ☐ CT ☐ INTERVENTIONAL PROCEDURES / ANGIO EXAM REQUESTED: OBSTETRICAL US								
RELEVANT HIS	REASON FOR EXAM:							
FOR DATING	AND VIABILITY							
IS PATIENT:	Pregnant X Yes	□ No	Date of LMP	:				
	•	□ No			Slucophage (Metf	ormin)? ☐ Yes ☒ No		
		⊠ No	•	•	. • •	lo		
						(Please specify)		
ALLERGIES: _	(Please spe	cify)		Isolatio	on: Standard	(Specify type)		
IF PATIENT IS HAVING INTRAVENOUS CONTRAST PROCEDURE, PLEASE COMPLETE:								
				•				
Recent eGFR (<3 months):								
	allergy reaction: (Please spe							
				DELEVAN	IT DDEVIOUS EU	MC IMACEC DECILITOS		
Physician:			RELEVANT PREVIOUS FILMS, IMAGES, RESULTS? Dr. has requested films/images: Y / N Date:					
(Signature / Stamp)			Location: Date:					
Phone #: Billing #:			Attached: Reports Lab Work CD					
Copies To:			Notes:					
	· INCO	MPI FTF	REQUESTS	S WILL B	BE RETURNE) •		
					EDICAL IMAGING			
Priority 🗆	1 Less than 7 days	Radiologis	st Protocol					
	2 Less than 30 days							
	3 Less than 60 days					Time Req. Rcv'd (dd/mm/yy)		
	4 Delayed follow-up	Mnemonio	C(S):					
IV Contrast: ☐ Yes ☐ No					Patient Ty	oe:□ ER □ IP □ OP/OH		
Bo		Booking:	Tech	nologist:				
Oral Contrast:	☐ Yes ☐ No	☐ Films	Note	•	Priority: 1	2 3 4 Dis OH		
		☐ Report		· = ·	05.5	15 1 V/1		
Other:						d Delay: Y/N		
Previous Films/Req: ☐ Yes ☐ No ☐ ☐ Lab					Dr. Office I	Related Delay: Y/N		

OUTPATIENT PREPARATIONS FOR DEPARTMENT OF DIAGNOSTIC IMAGING - MEDICAL IMAGING

DOCTOR: PLEASE CHECK ✓) CORRECT PREPARATIONS Page: 2 of 2

	1. ESOPHAGUS, UGI, STOMACH & DUODENUM or SMALL BOWEL FOLLOW THROUGH • NOTHING TO EAT OR DRINK AFTER MIDNIGHT UNTIL COMPLETION OF EXAMINATION.					
X R A Y	2. BOWEL PREPARATION (COLON PROCEDURES OR BARIUM ENEMAS) 48 - Hour bowel preparation is required for this procedure. Contact your doctor for the appropriate bowel preparation for YOU. NORMAL RENAL FUNCTION BROORMAL RENAL FUNCTION Magnesium Citrate - Low Sodium Prep (Citro-Mag) GoLYTELY (For patients with - eGFR value of less than 30) Your doctor will provide you with the patient instructions sheet for the bowel preparation recommended. Please follow the instructions carefully. DIABETIC PATIENTS: If you are on oral diabetic medications or insulin, ask your doctor about dose changes.					
	 3. ABDOMEN SCAN (Gallbladder, liver, kidneys, spleen, pancreas, aorta) PEDIATRIC-see #8 If your appointment is in the morning, nothing to eat or drink after midnight. If your appointment is in the afternoon you may drink clear <u>fat-free</u> fluids in the morning. Diabetic patients may have a light fat-free meal 6 hours before the scheduled appointment. 					
U L T R A S	 4. PELVIC SCAN (male pelvis and non-biopsy prostate or female pelvis) PEDIATRIC- see #8 A FULL BLADDER IS ESSENTIAL for this examination. You may eat an take all your of regular medications. Come well hydrated for your exam, the day prior drink plenty of water. On the day of the exam, empty our bladder 2 hours before your appointment and then drink 1 litre of water over the next 30 minutes. If the instructions are not followed, another appointment may have to be made. DO NOT EMPTY YOUR BLADDER UNTIL AFTER YOUR EXAMINATION. 					
O U N D	 5. OBSTETRICAL SCAN A FULL BLADDER IS ESSENTIAL for these examinations. You may eat and take off of your regular medications. Come well hydrated for your exam, the day prior drink plenty of water. On the day of exam, empty your bladder 1 hour before your appointment and then drink 2 (8 oz) cups of water. If the instructions are not followed, another appointment may have to be made. DO NOT empty your bladder until after your examination or until instructed to do so by the sonographer. 					
-	 6. RENAL SCAN (kidney, ureters, bladder) • If the instructions are not followed, another appointment may have to be made. • Empty your bladder 1 hour before your appointment and then drink 1 litre of water over the next 30 minutes. • DO NOT EMPTY YOUR BLADDER UNTIL AFTER YOUR EXAMINATION. 					
C T	 7. CT EXAMINATIONS HEAD SCANS: The meal preceding the examination should be a light one. CHEST SCANS: The meal preceding the examination should be a light one. SPINAL SCANS: No special preparation. ABDOMEN AND/OR PELVIC SCANS: Preparation will be given at the time the examination is booked. Day of exam: Nothing to eat. Clear fluids only. 					
P E D S	8. PEDIATRIC PREPARATIONS: • Please call the Medical Imaging Department directly to receive preparation information and instructions for children under the age of 16.					

- Take any medications you normally take with a small amount of water.
- · Children are not allowed in the exam room. Please make alternative childcare arrangements.
- Do not wear scents, perfumes or fragrances of any kind.
- Parking: Pay parking is available \$1 and/or \$2 coins or credit card.