



**Tillsonburg District
Memorial Hospital**
Partnering to keep healthcare close to home.

Diagnostics Department Requisition

To Book Appointments for Tests:
Call Scheduling: (519) 842-6335 FAX: (519) 842-4299
Hours: 8:30 am to 4:00 pm Monday to Friday

*****PLEASE ENSURE YOU HAVE YOUR HEALTH CARD
AVAILABLE WHEN BOOKING ALL TESTS.*****

Please arrange: Adult supervision of your children while you,
the caregiver are having your examination at the hospital. Children are not allowed to accompany you in the room to ensure their safety.

PATIENT IDENTIFICATION	
*Name	_____
*Address	_____
*Phone #	_____
*Date of Birth (yyyy/mm/dd)	_____
*Health Card #	_____
* <input type="checkbox"/> WSIB Date (yyyy/mm/dd) of Accident	_____
* Required fields.	

APPOINTMENT DATE (yyyy/mm/dd) _____ **& TIME** (24 hour) _____

X-RAY
Exam Requested: Please specify body part and appropriate side. <input type="checkbox"/> Right <input type="checkbox"/> Left *** BOOKING is REQUIRED*** No Walk in Service

ULTRASOUND
Exam Requested: Please specify body part and appropriate side. <input type="checkbox"/> Right <input type="checkbox"/> Left Last Normal Menstrual Period (LNMP) _____ Gestation _____ weeks

BONE MINERAL DENSITY
<input type="checkbox"/> 1 st BMD <input type="checkbox"/> Previous <input type="checkbox"/> High Risk (Yearly) <input type="checkbox"/> Low Risk Date (yyyy/mm/dd) _____ Where _____ * Machine weight restriction: 350lbs-Patients over 350lbs cannot be scanned.* **Please seek other alternatives on other side of requisition**

CARDIAC TESTING
<input type="checkbox"/> ECG <input type="checkbox"/> Stress Test * <input type="checkbox"/> Holter Monitor 72 Hr <input type="checkbox"/> Holter Monitor 14 day *Stress Tests –must send clinical history and a consult note *Echocardiography use separate 2D Echo Requisition*

MAMMOGRAPHY	
<input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening <input type="checkbox"/> Work up <input type="checkbox"/> Implants (Yes) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Family History <input type="checkbox"/> Bloody/Serous Nipple Discharge <input type="checkbox"/> Lump (Mother/sister under 50 years) <input type="checkbox"/> Radiologist Recommended <input type="checkbox"/> Thickening	

RESPIRATORY
<input type="checkbox"/> Complete Pulmonary Function <input type="checkbox"/> Arterial Blood Gases <input type="checkbox"/> Oximetry <input type="checkbox"/> Respiratory Clinic <input type="checkbox"/> Spirometry <input type="checkbox"/> Pre/Post Bronchodilator

ONTARIO BREAST SCREENING PROGRAM
Tillsonburg Centre: <input type="checkbox"/> (519)842-6335 Patients over age 50 up to age 74, with no history of breast cancer, no implants, or current breast concerns. (If under 50 or over age 74- please use mammography program)

If you are unable to keep your appointment please call to rebook at 519-842-6335

Clinical Information or Diagnosis Suspected: _____

Providing a relevant, clear clinical history with a specific question to be answered will facilitate us to provide timely, accurate exam results to you and your patient.

Relevant history assists us: 1) Assessment of priority of request 2) Application of appropriate protocol for each study.

Please arrive 10-15 minutes prior to your appointment time to the registration area.
Patients that arrive late will be rebooked.

Ordering Provider Name (print) _____ Copy to: _____ Date(yyyy/mm/dd) _____
 Ordering Provider Signature _____ **Billing Number #** _____
 ***** (Ordering provider name & signature/designate required) *****

TO PREVENT HAVING YOUR APPOINTMENT RESCHEDULED **YOU MUST BRING THIS FORM WITH YOUR HEALTH CARD THE DAY OF YOUR APPOINTMENT.**
See reverse side for exam/test information.



“PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY”

PREPARATION FOR ALL EXAMINATIONS

PLEASE BRING: 1) THIS SIGNED FORM/REQUISITION
2) YOUR HEALTH CARD

PLEASE COME TO PATIENT REGISTRATION 15 MINUTES PRIOR TO YOUR APPOINTMENT

X-Ray Preparations

- Barium Swallow/ Upper GI (Gastro-Intestinal) Series
Nothing to eat or drink after 10 pm the night prior to exam.
No breakfast on the morning of examination.
- Barium Enema – SEE SEPARATE INSTRUCTION SHEET
- Small Bowel Follow Through
This test may take up 2-4 hours. Feel free to bring a book to pass the time.
Prep: Pico-salax Single Packets or Citro Mag (300 ml)
 - Eat a normal breakfast and lunch the day prior to exam.
 - Clear fluids for the rest of the day (no solid food or milk products)
 - ½ hour after lunch, drink entire contents of bowel preparation. Expect a strong cleansing action in the next 3-6 hours after drinking the preparation.
 - Drink 1 glass of fluid (255 ml) hourly until you go to bed to prevent dehydration (water preferred).
 - Liquid dinner of clear fluids (such as consommé, jello, popsicles, plain coffee/tea)
 - Nothing to eat or drink after midnight.
 - You may go to the bathroom through the test when needed.
- Routine X-rays
Please do not wear clothes with metal or buttons when possible.

Bone Mineral Density (BMD)

- Do not take calcium or iron pills the day of examination.
If possible, avoid wearing metal buttons, zippers or belt buckles over the mid abdomen. A gown will be provided if necessary.
** Weight restriction alternatives:
St. Thomas Elgin General Hospital - 400 pounds **

Biopsy Procedures:

- Please see separate preparation and information sheets.
- Bring a list of medications.

Computed Tomography (CT)

- Please fill out CT Standardized requisition
- CT spine –please complete appropriate checklist

Echocardiography (2D ECHO)

- Please fill out separate Echocardiography requisition

Ultrasound Preparations

- Abdominal
Nothing to eat or drink after 10 pm the night prior to exam.
 - Renal (Kidneys) only
No prep required.
 - Pelvic
Prep:
 - Your bladder must be full to do this examination.
 - You must **FINISH** 5 glasses (8 ounce) of fluid 1 ½ hours prior to your exam. Do not use the washroom after drinking your fluid. You may eat; there are no food restrictions.
 Please ensure your bladder is full for this test, you must have your liquid drank by _____.
 - Pregnancy/ Obstetrical/ Prenatal Screening (IPS)
Prep:
 - Your bladder must be full to do this examination.
 - You must **FINISH** 5 glasses (8 ounce) of fluid 1 ½ hours prior to your exam. Do not use the washroom after drinking your fluid. You may eat; there are no food restrictions.
 Please ensure your bladder is full for this test, you must have your liquid drank by _____.
- For IPS patient please ensure you bring the IPS form filled in and signed by your doctor. If you have questions about IPS, please consult with your doctor.
- Breast
No preparation, wear separate top with skirt or slacks
 - Thyroid/Carotid
No preparation.
 - Shoulder/ Venous Doppler
No preparation.

Mammogram

- Wear separate top with skirt or slacks. Do not wear deodorant or talc powder.