

# GENERAL REQUISITION FORM



**FOR APPOINTMENT BOOKING, PLEASE CALL  
519-256-4914 OR FAX: 519-256-3221**

**PLEASE PROVIDE 24 HOURS ADVANCE NOTICE IF  
YOU ARE UNABLE TO KEEP THIS APPOINTMENT**

**PLEASE ARRIVE 10 MINUTES EARLY FOR YOUR APPOINTMENT  
WITH YOUR HEALTH CARD & THIS FORM**

**FOR PREPARATIONS VISIT [WWW.CLEARIMAGING.CA](http://WWW.CLEARIMAGING.CA) FOR MORE INFORMATION**

## PATIENT INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH CARD NO.: \_\_\_\_\_

DATE OF BIRTH: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_

VERSION CODE

☐☐

## PROVIDER INFORMATION

PROVIDER NAME (PRINT): \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_ ☐ STAT

CC: \_\_\_\_\_ BILLING NO.: \_\_\_\_\_

CLINICAL HX: \_\_\_\_\_ (Required)

## NO APPOINTMENT REQUIRED

### X-RAY

#### CHEST

- ☐ CHEST PA & LAT
- ☐ STERNUM
- ☐ SC JOINTS
- ☐ RIBS ☐ R ☐ L
- ☐ IMMIGRATION VISA

#### SPINE & PELVIS

- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM & COCCYX
- ☐ PELVIS
- ☐ PELVIS & HIPS ☐ R ☐ L
- ☐ SI JOINTS
- ☐ SCOLIOSIS SERIES

#### UPPER EXTREMITIES

- ☐ R ☐ L SHOULDER
- ☐ R ☐ L CLAVICLE
- ☐ R ☐ L AC JOINTS
- ☐ R ☐ L SCAPULA
- ☐ R ☐ L HUMERUS
- ☐ R ☐ L ELBOW
- ☐ R ☐ L FOREARM
- ☐ R ☐ L WRIST
- ☐ R ☐ L HAND
- ☐ R ☐ L DIGITS
- ☐ R ☐ L WRIST & SCAPHOID

#### LOWER EXTREMITIES

- ☐ R ☐ L HIP
- ☐ R ☐ L FEMUR
- ☐ R ☐ L KNEE
- ☐ R ☐ L KNEE DEGENERATIVE/ARTHRITIC (INCL. Standing Bilateral)
- ☐ R ☐ L TIBIA & FIBULA
- ☐ R ☐ L ANKLE
- ☐ R ☐ L FOOT
- ☐ R ☐ L CALCANEUS
- ☐ R ☐ L TOES

#### ABDOMEN

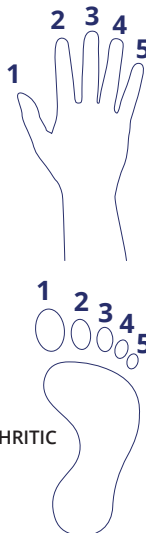
- ☐ KUB/FLAT PLATE
- ☐ ACUTE (3 VIEWS)

#### SKELETAL SURVEY

- ☐ BONE AGE
- ☐ METASTATIC

#### HEAD & NECK

- ☐ SKULL
- ☐ FACIAL BONES
- ☐ NASAL BONES
- ☐ MANDIBLE
- ☐ TM JOINTS
- ☐ SOFT TISSUE NECK
- ☐ ORBITS (MRI / FB)
- ☐ ORBITS (TRAUMA)



## APPOINTMENT REQUIRED FOR ALL EXAMS BELOW

### ULTRASOUND

#### GENERAL

- ☐ ABDOMEN COMPLETE
- ☐ PORTAL HYPERTENSION/CIRRHOSIS
- ☐ CIRRHOSIS/CHRONIC HEPATITIS SCREENING (q6 mo)
- ☐ KIDNEYS & BLADDER
- ☐ R/O APPENDICITIS (INCL. adjacent DDx structures)
- ☐ R/O PYLORIC STENOSIS (0-6 months)
- ☐ ABDOMINAL WALL (I.E Umbilical Hernia)

#### PELVIS

- ☐ FEMALE PELVIS (INCL. Transvaginal)
- ☐ NO TV
- ☐ MALE PELVIS (excludes transrectal)
- ☐ TRANSRECTAL PROSTATE (INCL. Bladder)
- ☐ BLADDER
- ☐ INCLUDE POSTVOID RESIDUAL/PVR

#### SMALL PARTS

- ☐ THYROID (only)
- ☐ COMPLETE NECK (INCL. THYROID & SALIVARY GLANDS)
- LOCATION \_\_\_\_\_
- ☐ LUMP / LYMPH NODE(S) / SOFT TISSUE
- LOCATION \_\_\_\_\_
- ☐ GROIN FOR HERNIA ☐ R ☐ L ☐ B (INGUINAL/FEMORAL)
- ☐ SCROTUM (TESTICULAR)

#### MUSCULOSKELETAL

- ☐ INCLUDE RELEVANT X-RAYS
- ☐ ROTATOR CUFF ☐ R ☐ L ☐ B
- ☐ ELBOW ☐ ☐ ☐
- ☐ WRIST ☐ ☐ ☐
- ☐ HAND ☐ ☐ ☐
- ☐ HIP ☐ ☐ ☐
- ☐ KNEE ☐ ☐ ☐
- ☐ ANKLE ☐ ☐ ☐
- ☐ FOOT ☐ ☐ ☐
- ☐ OTHER \_\_\_\_\_

#### VASCULAR

- ☐ CAROTID ARTERIES
- ☐ CIMT
- ☐ AORTA / ILIACS (AAA SCREEN)
- ☐ LOWER EXTREMITY ☐ R ☐ L ☐ B
- ☐ ARTERIAL ☐ ☐ ☐
- ☐ VENOUS R/O DVT ☐ ☐ ☐
- ☐ VENOUS INSUFFICIENCY ☐ ☐ ☐
- ☐ INCLUDE VENOUS CONSULTATION
- ☐ UPPER EXTREMITY ☐ R ☐ L ☐ B
- ☐ ARTERIAL ☐ ☐ ☐
- ☐ VENOUS R/O DVT ☐ ☐ ☐

#### OBSTETRICAL

- LMP: \_\_\_\_\_
- ☐ 1<sup>ST</sup> TRIMESTER (<11 WEEKS)
- ☐ OB SERIES (NT 11-14WK + ANATOMY 18-20WK)
- ☐ EFTS / NT (11-14 WEEKS)
- ☐ ANATOMY SCAN (18-20 WEEKS)
- ☐ 2<sup>ND</sup> / 3<sup>RD</sup> TRIMESTER (NON ROUTINE)

INDICATION \_\_\_\_\_

### DIGITAL BREAST IMAGING

- ☐ MAMMOGRAPHY - ROUTINE
- ☐ MAMMOGRAPHY - OBSP
- ☐ MAMMOGRAPHY - DIAGNOSTIC \*
- ☐ BREAST ULTRASOUND ☐ R ☐ L ☐ B
- ☐ MALE BREAST - BILATERAL ULTRASOUND



### NUCLEAR MEDICINE

- ☐ NUCLEAR CARDIAC STRESS TEST
- ☐ PERSANTINE

- ☐ HIDA
- ☐ BONE SCAN \_\_\_\_\_
- ☐ MYOCARDIAL WALL MOTION (MUGA) WITH EJECTION FRACTION

### BONE MINERAL DENSITY

- ☐ FIRST ☐ ROUTINE ☐ HIGH RISK

DATE OF LAST BMD: \_\_\_\_\_

### VEIN CLINIC ☐ ASSESSMENT/CONSULTATION

REASON FOR REFERRAL: \_\_\_\_\_

PLEASE ATTACH PRESENT AND PAST MEDICAL HISTORY, LIST OF CURRENT MEDICATIONS, PHYSICAL FINDINGS AND RELEVANT TEST RESULTS AND REPORTS

# FOR APPOINTMENT BOOKINGS

## PLEASE CALL 519-256-4914 OR FAX 519-256-3221

PLEASE ARRIVE 10 MINUTES PRIOR TO YOUR APPOINTMENT TO REGISTER.  
FOR MORE INFORMATION ON EXAM PREPARATION, PLEASE VISIT OUR WEBSITE AT [WWW.CLEARIMAGING.CA](http://WWW.CLEARIMAGING.CA)

### ULTRASOUND PREPARATIONS

#### ABDOMEN ULTRASOUND

FOLLOW THE FASTING PREPARATION BELOW.  
AVOID EATING FATTY FOODS FOR 24 HOURS PRIOR TO YOUR APPOINTMENT.  
DO NOT EAT OR DRINK ANYTHING FOR SIX HOURS PRIOR TO YOUR APPOINTMENT.  
TAKE ANY MEDICATIONS WITH JUST A SIP OF WATER.  
IF YOU ARE DIABETIC, PLEASE TAKE YOUR INSULIN.  
WEAR LOOSE CLOTHING THE DAY OF YOUR EXAM; YOU MAY BE REQUIRED TO CHANGE INTO A GOWN.

#### ABDOMEN & PELVIC ULTRASOUND (BOOKED TOGETHER)

FOLLOW THE FASTING AND FULL BLADDER PREPARATION BELOW.  
AVOID EATING FATTY FOODS FOR 24 HOURS PRIOR TO YOUR APPOINTMENT.  
DO NOT EAT ANYTHING FOR SIX HOURS PRIOR TO YOUR APPOINTMENT.  
DO NOT EMPTY YOUR BLADDER BEFORE THE EXAM.  
IF YOU ARE EXPERIENCING PAIN DUE TO AN OVERFULL BLADDER, PLEASE LET THE RECEPTIONIST KNOW.

### FULL BLADDER PREPARATION

MALES DRINK 1 LITRE (4 CUPS OR 32 OZ.)  
FEMALES DRINK 1.25 LITRE (5 CUPS OR 40 OZ.)

START DRINKING THE WATER 2 HOURS BEFORE YOUR APPOINTMENT TIME.  
DO NOT EMPTY YOUR BLADDER BEFORE YOUR EXAMINATION.  
IF YOU ARE EXPERIENCING PAIN DUE TO AN OVERFULL BLADDER, PLEASE LET THE RECEPTIONIST KNOW.

**PLEASE NOTE: IF YOUR BLADDER IS NOT FULL ON ARRIVAL, A WAIT OF 1-2 HOURS MAY BE REQUIRED OR YOU MAY HAVE TO RESCHEDULE.**

#### PREGNANCY ULTRASOUND

FOLLOW THE FULL BLADDER PREPARATION BELOW.

**RENAL (KIDNEY) ULTRASOUND** (INCLUDES BLADDER)  
FOLLOW THE FULL BLADDER PREPARATION BELOW.

#### TRANSRECTAL PROSTATE ULTRASOUND

FOLLOW THE FULL BLADDER PREPARATION BELOW.  
TAKE A FLEET ENEMA 2-3 HOURS BEFORE YOUR EXAM.

#### AORTA/ILIAC OR AAA SCREEN

DO NOT EAT 6 HOURS PRIOR TO YOUR EXAM.  
TAKE ANY MEDICATIONS WITH JUST A SIP OF WATER.

#### RENAL ARTERY STENOSIS

DO NOT EAT 6 HOURS PRIOR TO YOUR EXAM.  
FOLLOW THE FULL BLADDER PREPARATION BELOW.

### FASTING PREPARATION

AVOID EATING FATTY FOODS FOR 24 HOURS PRIOR TO YOUR APPOINTMENT TIME. DO NOT EAT OR DRINK ANYTHING FOR 6 HOURS PRIOR TO YOUR APPOINTMENT TIME.  
(DRINKING WATER DURING FASTING IS OK)

### NUCLEAR CARDIAC STRESS TEST

CARDIAC EXAM IS DONE ON 2 SEPARATE DAYS.

#### DAY 1 - REST PORTION

DO NOT EAT OR DRINK ANYTHING 2 HOURS PRIOR TO YOUR TEST.  
YOU WILL BE ABLE TO EAT AND/ OR DRINK AFTER CERTAIN PORTIONS OF YOUR TEST ARE COMPLETED (you may bring a snack with you)  
BRING A LIST OF ALL CURRENT PRESCRIPTION MEDICATIONS.

#### (DIABETICS SEE BELOW). EACH EXAM LASTS 2 HOURS.

TAKE YOUR INSULIN/DIABETIC MEDICATION & A LIGHT MEAL 3 - 4 HOURS PRIOR TO THE TEST.  
IT IS IMPORTANT THAT YOUR BLOOD SUGAR IS STABLE.

#### DAY TWO: STRESS PORTION

DO NOT EAT OR DRINK ANYTHING 2 HOURS PRIOR TO YOUR TEST.  
REFRAIN FROM CONSUMING CAFFEINE WITHIN 24 HOURS TO YOUR TEST.  
(This also includes any medications or supplements that may contain caffeine)  
DO NOT TAKE ERECTILE DYSFUNCTION MEDICATIONS 48 HOURS PRIOR TO THE TEST (e.g. Viagra, Cialis, Levitra, etc.)

#### PERSANTINE STRESS

DISCONTINUE THEOPHYLLINE DERIVATIVES  
48 HOURS PRIOR TO THE TEST WITH THE DOCTOR'S APPROVAL

### BONE SCAN

NO SPECIAL PREPARATIONS NEEDED.  
WEAR LOOSE CLOTHING THE DAY OF EXAM; YOU MAY BE REQUIRED TO CHANGE INTO A GOWN.

**PLEASE NOTE: THIS IS A SAME DAY TWO PART EXAM. AT YOUR APPOINTMENT TIME, THE TECHNOLOGIST WILL PROVIDE YOU WITH A RETURN TIME FOR THE SECOND PORTION OF YOUR EXAM APPROXIMATELY 3-4 HOURS AFTER YOUR INJECTION.**

### MAMMOGRAM

NO FASTING IS REQUIRED FOR A MAMMOGRAM.  
DO NOT WEAR DEODORANT, ANTIPERSPIRANT, OR POWDERS THE DAY OF YOUR TEST.  
YOU WILL BE REQUIRED TO REMOVE CLOTHING FROM THE WAIST UP AND WEAR A GOWN.

**FOR HOURS OF OPERATION AND A LIST OF ALL LOCATIONS  
PLEASE VISIT OUR WEBSITE AT [WWW.CLEARIMAGING.CA](http://WWW.CLEARIMAGING.CA)**