Haldimand War Memorial Hospital

REQUEST FOR DIAGNOSTIC IMAGING SERVICES

PHONE: 905-774-7431 EXT 1221 **FAX: 905-774-7914**

400 Broad Street West Dunnville, ON N1A 2P7

PATIENT INFORMATION

Last Name: _____ First Name: _____

Phone: (Home) _____ (Cell/Other) _____

May we leave a message? ☐ YES ☐NO

Date of Birth (Day/Month/Year): _____/_____/_____

Health Card #: _____ VC_____

DATE AND TIME OF APPOINTMENT:

CONTACT / DROPLET PRECAUTIONS : ☐ YES ☐ NO

Relevant Clinical History:

Ordering Clinician Signature _____ OHIP Provider #_____

Ordering Clinician Contact Number: _____

X-RAYS

CHEST
☐Chest- 2 view
☐Chest -1 view
☐Chest-Portable
☐R ☐L Ribs
(*includes PA chest*)
☐Sternum
☐SC joints

HEAD & NECK
☐Facial Bones
☐Nasal Bone
☐Mandible
☐Orbits
☐Skull
☐ST of neck
☐TM Joints

SPINE & PELVIC
☐Cervical Spine
☐Thoracic Spine
☐Lumbar Spine
☐Sacrum & Coccyx
☐SI Joints
☐Pelvis
☐R ☐L Hip
☐Scoliosis
☐Skeletal Survey

ABDOMEN
☐Abdomen 2 views
☐Abdomen 1 view

UPPER EXTREMITIES
☐R ☐L Scapula
☐R ☐L Clavicle
☐R ☐L Shoulder
☐R ☐L Humerus
☐R ☐L Elbow
☐R ☐L Forearm
☐R ☐L Wrist
☐R ☐L Scaphoid
☐R ☐L Hand
☐R ☐L 1 2 3 4 5 Digit

☐ AC Joints - bilateral

LOWER EXTREMITIES
☐R ☐L Femur
☐R ☐L Knee
☐R ☐L Patella
☐R ☐L Tibia/Fibula
☐R ☐L Ankle
☐R ☐L Calcaneus
☐R ☐L Foot
☐R ☐L 1 2 3 4 5 Toe

ULTRASOUND EXAMINATION

ABDOMEN
☐Complete Exam ☐Renal
☐Appendix ☐Aorta
☐Other: _____

COMBINATION
☐Abdomen and Pelvis
☐Renal (Kidneys and Bladder – *includes pre & post void*)

FEMALE PELVIS
☐Complete Exam ☐Transvaginal
☐Urinary Bladder ☐ Pre & Post Void
☐Other: _____

MALE PELVIS
☐Complete Exam ☐ Pre & Post Void ☐Prostate
☐Other: _____

OBSTETRICAL
☐Age Determination LMP: _____
☐Under 16 Weeks ☐ Fetal Growth
☐18-22 Weeks Anatomy Scan
☐Other: _____

MUSCULOSKELETAL – NO PREP
☐R ☐L Shoulder
☐R ☐L Achilles Tendon
☐R ☐L Knee ☐ Other: _____

OTHER – NO PREP
☐Thyroid ☐R ☐L Inguinal
☐Scrotum ☐Abdominal Wall/Hernia
☐Other:

PREPARATION

Nothing to eat or drink for 12 hours before your exam. You may take your medication with a sip of water if necessary.

Nothing to eat 12 hours before your exam.
FINISH drinking 32 oz. of water (four 8 oz. glasses or two 500 mL bottles)
ONE HOUR BEFORE YOUR EXAM.
Do not empty your bladder.

Eat normally.
FINISH drinking 32 oz. of water (four 8 oz. glasses or two 500 mL bottles)
ONE HOUR BEFORE YOUR EXAM.
Do not empty your bladder

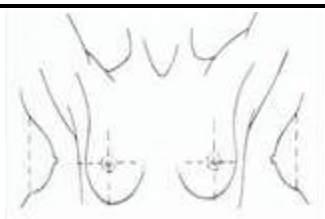
VASCULAR – NO PREP
☐Carotid Arteries Doppler
☐R ☐L Venous Doppler (leg)
☐R ☐L Arterial Velocities (leg)

☐ Other: _____

CARDIAC ☐ECG Holter Monitor ☐24 hours ☐48 hours ☐72 hours ☐14 days

MAMMOGRAPHY
☐Mammogram, bilateral
☐Mammogram, unilateral ☐R ☐L
☐Implants
☐OBSP

ULTRASOUND
☐R ☐L Breast



BONE DENSITOMETRY
Date of Previous Bone density (DD/MM/YYYY):
_____
☐Baseline – once in a lifetime in Ontario
☐2nd Test Low Risk (T-score > minus 1.0) – 3 years after Baseline
☐Subsequent Low Risk (T-score > minus 1.0) – 5 years after 2nd test
☐Subsequent High Risk – Yearly if clinically indicated

TECH NOTES ONLY
Patient ID: ☐ DOB ☐ HC
Shielding: ☐ Yes ☐ No ☐ When Possible
PPE Worn: ☐ Mask ☐ Gown ☐ Gloves ☐ N95 ☐ Face Shield

Pregnancy: ☐ Yes ☐ No ☐ N/A
LMP: _____
Patient's Initials :