

OUTPATIENT DI REQUISITION FORM

You must bring this form and your Health Card with you to the hospital. Register at the DI Entrance 15 minutes before your appointment. Please **call** if you need to change or cancel an appointment **519-326-2373 ext. 4000**

PATIENT INFORMATION				
SURNAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			CITY	PROVINCE POSTAL CODE
MOBILE PHONE #	ALTERNATE PHONE #	EMAIL		
Patient consents to appointment information being disclosed to them via text or e-mail ☐ Yes, text Yes, e-mail				
SEX ASSIGNED AT BIRTH	GENDER IDENTITY		DOB (YYYY/MM/DD)	HEIGHT (CM) WEIGHT (KG)
☐ Female ☐ Male	☐ Female ☐ Male ☐ Other			
HEALTH CARD NUMBER (HN)		VERSION CODE (VC)	WSIB CLAIM #	OTHER (Self-pay, research, 3rd party payor)
☐ INTERPRETER REQUIRED Preferred language		ACCESSIBILITY CONCERNS OR REQUIREMENTS		
ALTERNATE CONTACT (IF NOT PATIENT)	CONTACT NAME		CONTACT PHONE #	
EXAM DETAILS				
Emergency (Radiologist consulted for Ultrasound) Urgent (within 48hrs) Somewhat urgent (within 1 week) Elective Other (Please Specify:)				
EXAM INFORMATION				
ULTRASOUND X-RAY MAMMOGRAPHY OTHER / INTERVENTIONAL				
HISTORY				
REASON FOR EXAM / CLINICAL HISTORY (Please also include presenting symptom(s), relevant underlying diagnosis and therapies, where applicable)				TIMED FOLLOWUP DATE REQUESTED (YYYY/MM/DD)
ADDITIONAL INFORMATION				
Diabetic Epileptic At risk to fall Physical disabilities Malignant hyperthermia Mastectomy History of malignancy		Patient capable of signing own consent? Yes No Erie Shores HealthCare - Diagnostic Imaging 190 Talbot St. W - Leamington, Ontario - N8H 1N9 519-326-2373 ext. 4000 Walk-In X-Ray Appointments Available: Monday to Friday - 8 am to 6 pm Saturday - 8 am to 12 pm FAX # 519-326-4916		
PROVIDER NAME		BILLING #		PROFESSIONAL ID
ADDRESS		CITY	PROVINCE	POSTAL CODE
PHONE #	FAX #	COPY TO		
PROVIDER SIGNATURE				DATE

INSTRUCTIONS

Ultrasound - Full Bladder

A **FULL** bladder is required for any of the procedures above. **FINISH** drinking 4 glasses (32oz) of water 1 hour **BEFORE** you arrive. **DO NOT** empty your bladder.

Ultrasound - Special Diet

A special diet and fasting is required. No fats are allowed 24 hours prior to your procedure. (No eggs, butter, milk, cream soups or meat). You may eat dry toast, jello, fruits and vegetables and water up to 4 hours before your procedure. **DO NOT** eat or drink **ANYTHING** after after 4 hours before your procedure unless you are having an Abdomen and Pelvic together - (see above)

Mammography

Do not wear deodorant or powder on the day of your mammogram. Wear a blouse or sweater rather than a dress. Try to schedule the mammogram 7-10 days after your menstrual cycle when breasts are less sensitive.

Upper GI / Barium Meal

Refer to Ultrasound - Special Diet instructions if ordering an abdominal ultrasound at the same time.

Small Bowel Follow Thru

This exam may take up to 4 hours to complete. Please wear comfortable clothing with nop metal zippers, buckles etc. (ie. jogging suit). Have a light supper the evening before and nothing to eat or drink after midnight, including no medication and no water after midnight.

Ultrasound Aorta

Nothing to eat of drink for 4 hours before procedure.

Lower GI / Colon / Barium Enema

For 2 days before this bowel study, you must NOT eat solid foods.

- Clear fluids, jello, clear soup broth, tea, coffee (no milk or sugar), clear juices (apple or cranberry), popsicle etc.) are OK.
- You must also drink at least 8 glasses of water both days (64 oz).

On each of the two days before your exam:

- Drink 1 bottle of Citromag at noon (children 8-14 years 1/2 bottle)

AND

- Take 2 Dulcolax tablets (5 mg) -one at Noon and one at 5pm. (children 8-14 yrs only 1 tablet at 5 PM). Do **NOT** chew, swallow them whole.

Do **NOT** eat or drink anything after midnight before your exam (not even water). Take any other medications as usual unless your Physician says otherwise. On the morning of the exam do not take your medications with water or any other liquid.

CONFIDENTIALITY NOTICE:

The contents of this telecommunication are highly confidential and intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this telecommunication in error, please notify the sender immediately by telephone and return the original transmission to the sender by mail without making a copy. If you do not receive all of the pages, please telephone our office immediately.