



Request for Outpatient Diagnostic Imaging

BIRCHMOUNT
3030 Birchmount Road
Scarborough, ON M1W 3W3
Phone 416-495-2480
Fax 416-495-2619

CENTENARY
2867 Ellesmere Road
Scarborough, ON M1E 4B9
Phone 416 -281-7299
Fax 416 -281-7493

GENERAL
3050 Lawrence Ave East
Scarborough, ON M1P 2V5
Phone 416-431-8167
Fax 416-431-8141

PATIENT INFORMATION

Name _____ Date of birth _____ Sex F M Other
Last name, First name Day-Month-Year

Health card _____ Version code _____ Hospital ID _____

Address _____

City _____ Postal code _____ Phone 1 _____ Phone 2 _____
Preferred Alternate

ULTRASOUND

Abdomen	<input type="checkbox"/> Full abdomen	<input type="checkbox"/> Renal	<input type="checkbox"/> Limited specify _____
Pelvis	<input type="checkbox"/> Female + TVUS	<input type="checkbox"/> Female w/o TVUS	<input type="checkbox"/> Male
Obstetrical	<input type="checkbox"/> 1 st trimester LMP _____	<input type="checkbox"/> Biophysical EDD _____	<input type="checkbox"/> Other EDD/LMP _____
Small parts	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Neck/lymph nodes	<input type="checkbox"/> Scrotum
MSK	<input type="checkbox"/> Hip	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle
	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Elbow	<input type="checkbox"/> Wrist
Pediatrics	<input type="checkbox"/> Head	<input type="checkbox"/> Spine	<input type="checkbox"/> Hips
Vascular	<input type="checkbox"/> Carotids	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil Venous lower ext.	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil Venous upper ext.
		<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil Arterial lower ext.	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil Arterial upper ext.

Other/biopsy _____

GENERAL X-RAY

Specify

FLUOROSCOPY

Gastrics	<input type="checkbox"/> Barium swallow	<input type="checkbox"/> Upper GI	<input type="checkbox"/> Small bowel follow-through
	<input type="checkbox"/> Barium enema (failed colonoscopy)		
Procedures	<input type="checkbox"/> Arthrogram/injection	<input type="checkbox"/> Joint aspiration	<input type="checkbox"/> Lumbar puncture
	<input type="checkbox"/> Voiding cystourethrogram	<input type="checkbox"/> Sinogram	

BONE MINERAL DENSITY

Baseline Low risk (> 36 months) High risk (> 12 months)

CLINICAL INDICATION/RELEVANT HISTORY

BILLING

OHIP WSIB claim # _____ Other _____

REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

Signature **X** _____ Date _____

Patient Instructions

General & Birchmount Hospitals: Register at Patient Registration, then proceed to the Diagnostic Imaging department

Centenary Hospital: Register at a Kiosk or in the Diagnostic Imaging department

X-ray Examinations

Gastric Series (stomach or U.G.I.)

- Nothing to eat or drink after 1200 midnight. **No breakfast.**

Gastric Series and Small Bowel

- Nothing to eat or drink after 1200 midnight. **No breakfast.**
- Early morning appointments only and may take 2-4 hours to complete.

Barium Enema

- At least 2 days prior to the examination, purchase **Pico Salax** bowel preparation kit.
- Follow instructions provided by the Diagnostic Imaging department or your physician's office.

Bone Mineral Density (BMD)

- No preparation required.
- Avoid wearing clothes with metal zippers, belts or buttons.
- Do not take calcium supplements for 24 hours prior to the examination.
- If you've had an injection of barium or contrast dye for a CT scan or MRI, wait 7 days before having a Bone Density exam as it could interfere with your exam.

Ultrasound Examinations

Abdominal (Liver, Pancreas, Gall bladder, Kidneys and Abdominal Aorta)

- AM appointments: Nothing to eat or drink after midnight.
- PM appointment: May have a light, fat free breakfast.
- Pediatric Patient (0-2 years old): Nothing to eat two hours prior to appointment time.
- Medication may be taken with a sip of water.

Obstetrical, Gynecological and Pelvic (including Prostate)

- A **FULL** bladder is important for this examination.
- Finish drinking 32 ounces (one litre) of clear fluid 1 hour prior to appointment time.
- Do **NOT** empty bladder prior to your scan.

Abdomen and Pelvic Ultrasound (Together)

- Nothing to eat 6 hours prior to exam.
- Finish drinking 32 ounces (one litre) of clear fluid 1 hour prior to appointment time.
- Do **NOT** empty bladder prior to your scan.

Biopsy: If you are taking blood thinners, your medication may be held prior to your procedure if deemed necessary, please discuss with your physician.

All other examinations: No preparation required.

You are responsible to follow-up with your referring Physician for the results of your examination.