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) _____

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 # _____

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.

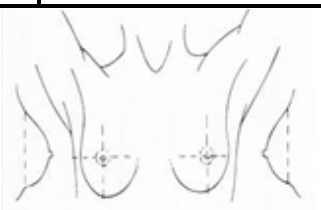
Nothing to eat 12 hours before your exam.
FINISH drinking 32 oz. of water (four 8 oz. glasses or two 500 mL bottles)
ONE HOUR BEFORE YOUR EXAM.
Do not empty your bladder.

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: _____

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

ULTRASOUND
- ☐R ☐L Breast



CARDIAC
- ☐ECG

HOLTER MONITOR
- ☐24 hours ☐48 hours ☐72 hours ☐14 days

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: