Erie Shores HealthCare

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**
- ☐ **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)

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.