



GEORGIAN
RADIOLOGY
CONSULTANTS

www.georgianradiology.com

- | | |
|---|--------------|
| <input type="checkbox"/> Collingwood - 28 Huron Street, 4th Floor | 705-444-9280 |
| <input type="checkbox"/> Wasaga - 14 Ramblewood Dr. Suite 105 | 705-422-2255 |
| <input type="checkbox"/> Barrie - 121 Wellington St W., Suite 115 | 705-726-4531 |
| <input type="checkbox"/> Barrie - 11 Lakeside Terrace, Suite LL01 | 705-722-8036 |
| <input type="checkbox"/> Barrie - 480 Huronia Rd., Suite 101 | 705-739-1028 |

BOOKING PHONE# : 705- 726 - 7442

BOOKING FAX# : 705- 726 - 8056

PATIENT CLINICAL HISTORY:

Clinical Hx must be filled out

Previous Imaging? Location & Date? _____

PATIENT Appointment :

Date: D_____ M_____ Y_____

Preparation #

Time: _____ am / pm



See reverse page

X - RAY Walk-in only

Chest:

- ☐ PA/Lateral
☐ Ribs ☐ L ☐ R
☐ Sternum
☐ S C joints

Upper Extremity:

- ☐ Bilat AC joints
☐ L ☐ R Clavicle
☐ L ☐ R Shoulder
☐ L ☐ R Scapula
☐ L ☐ R Humerus
☐ L ☐ R Elbow
☐ L ☐ R Forearm
☐ L ☐ R Wrist
☐ L ☐ R Scaphoid
☐ L ☐ R Hand
☐ L ☐ R Fingers T 2 3 4 5

Abdomen:

- ☐ KUB / Single
☐ Acute (3 views)

Head and Neck:

- ☐ Skull
☐ Sinuses
☐ Facial Bones
☐ Orbits - trauma
☐ Orbits - Pre MRI
☐ Nose
☐ Mandible
☐ TMJs
☐ Adenoids/Soft tissue

Lower Extremity:

- ☐ Pelvis
☐ L ☐ R Hip and Pelvis
☐ L ☐ R Femur
☐ L ☐ R Knee
☐ L ☐ R Knee - Standing
☐ L ☐ R Tibia/Fibula
☐ L ☐ R Ankle
☐ L ☐ R Foot
☐ L ☐ R Os Calcis/Heel
☐ L ☐ R Toes 1 2 3 4 5

Spine:

- ☐ Cervical - Osteoarthritis
☐ Cervical w Flex/Ext - Trauma
☐ Thoracic
☐ Lumbosacral
☐ Sacrum / Coccyx
☐ SI joints

Other: ☐ _____

- ☐ Bone Age
☐ Skeletal Survey work-up
☐ Arthritic work-up
☐ Metastatic work-up

For **BMD** Studies - Use BMD Requisition

ULTRASOUND Booked appt only

- | | |
|---|--|
| <input type="checkbox"/> Upper Abdomen | <input type="checkbox"/> Hernia - Abdo Wall |
| <input type="checkbox"/> Abdomen + Doppler MPV | <input type="checkbox"/> Hernia - Umbilical |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Hernia - Inguinal |
| <input type="checkbox"/> Bladder (Pre & Post Void) | <input type="checkbox"/> Scrotal/Testicular |
| <input type="checkbox"/> Pelvis + TV | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Pelvis (Without TV) | <input type="checkbox"/> Salivary Glands <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Small Part: _____ | <input type="checkbox"/> Other: _____ |

- | | |
|---|---|
| <input type="checkbox"/> Early Dating | <input type="checkbox"/> Recheck/Limited |
| <input type="checkbox"/> IPS/EFTS (11w-13w6days) | <input type="checkbox"/> BPP/Cord Doppler |
| <input type="checkbox"/> Routine | <input type="checkbox"/> MCA Doppler |
| <input type="checkbox"/> Multi-gestation | |

Date LMP: Day_____ Month_____ Year_____

- ☐ Breast ☐ L ☐ R Quadrant: _____
 (<45yrs, Focal & Palpable Lump, No Cancer Hx)

Vascular:

- | | | |
|--|---|---|
| <input type="checkbox"/> Venous - Insufficiency | <input type="checkbox"/> Legs | <input type="checkbox"/> Arms |
| <input type="checkbox"/> Venous - DVT | <input type="checkbox"/> L <input type="checkbox"/> R Leg | <input type="checkbox"/> L <input type="checkbox"/> R Arm |
| <input type="checkbox"/> Arterial Legs - Bilateral | <input type="checkbox"/> Carotids | |
| <input type="checkbox"/> Diabetic Foot Screening | <input type="checkbox"/> Renals Arterial | |
| <input type="checkbox"/> Vascular Screening (Carotids, Aorta, Legs) | | |
| <input type="checkbox"/> Interventional Consult If Abnormal Vascular Study | | |

Musculoskeletal:

- | | |
|---|--|
| <input type="checkbox"/> L <input type="checkbox"/> R Hip | <input type="checkbox"/> L <input type="checkbox"/> R Shoulder |
| <input type="checkbox"/> L <input type="checkbox"/> R Hamstring | <input type="checkbox"/> L <input type="checkbox"/> R Elbow |
| <input type="checkbox"/> L <input type="checkbox"/> R Knee | <input type="checkbox"/> L <input type="checkbox"/> R Wrist |
| <input type="checkbox"/> L <input type="checkbox"/> R Ankle | <input type="checkbox"/> L <input type="checkbox"/> R Digits T 2 3 4 5 |
| <input type="checkbox"/> L <input type="checkbox"/> R Achilles | <input type="checkbox"/> L <input type="checkbox"/> R Carpal Tunnel |
| <input type="checkbox"/> L <input type="checkbox"/> R Plantar Fasciitis | <input type="checkbox"/> L <input type="checkbox"/> R Popliteal Fossa - Baker's Cyst |
| <input type="checkbox"/> Other: _____ | |

PATIENT INFORMATION:

DATE: D_____ M_____ Y_____ M / F DOB: D_____ M_____ Y_____

Name: _____

Address: _____ City: _____

Home P#: _____ Cell P#: _____

Province: _____ OHIP# / WCB#: _____

TECH NOTES:

REV. Apr2018

☐ NCP

Practitioner SIGNATURE:

_____ : Signature

_____ : Printed Name

_____ : CC Copy

Please bring this form & health card to your examination to avoid delay or cancellation

**** For Bookings Please call 705-726-7442 and have your health card available****

LOCATIONS & SERVICES AVAILABLE

121 Wellington St. W. Suite 115 Barrie, ON L4N 1L2 Ph 705.726.4531 Fx 705.739.0810 -Ultrasound -X-Ray (Walk-in only)	11 Lakeside Terrace Suite LL01 Barrie, ON L4M 0H9 Ph 705.722.8036 Fx 705.726.1166 -Ultrasound -Bone Density -X-Ray (Walk-in only)	480 Huronia Rd. Suite 101 Barrie, ON L4N 6M2 Ph 705.739.1028 Fx 705.739.0592 -Ultrasound -X-Ray (Walk-in only)	14 Ramblewood Drive Unit 105 Wasaga Beach, ON L9Z 0C4 Ph 705.422.2255 Fx 705.422.2253 -Ultrasound -Bone Density -X-Ray (Walk-in only)	28 Huron Street 4th Floor Collingwood, ON L9Y 1C4 Ph 705.444.9280 Fx 705.444.9150 -Ultrasound -X-Ray (Walk-in only)
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ULTRASOUND - PATIENT PREPARATION

PREPARATION #

1. OBSTETRICAL / PELVIC / BLADDER EXAMINATIONS

- A **full** bladder is required for this examination.
- **Finish** drinking **1 litre** of non-carbonated, clear fluid (water, black tea/coffee, juice - no dairy) **1 hour before** your appointment time.
- **Do not empty your bladder** until the examination is finished.
- Failure to **completely finish drinking** the required amount of fluid **a full hour prior** to your appointment time can reduce the accuracy and image quality of your examination.

2. UPPER ABDOMEN ULTRASOUND

- **DO NOT** eat or drink for 8 hours prior to your appointment.
- **NO CARBONATED BEVERAGES OR GUM** 8 hours prior to the examination.
- Medications may be taken with a sip of water.

3. ABDOMINAL + PELVIC/BLADDER

- Do not eat or drink 8 hours prior to your appointment but **finish** drinking **1 litre** of non-carbonated, clear fluid (water, black tea/coffee, juice - no dairy) **1 hour before** your appointment time.
- **Do not empty your bladder** until the examination is finished.
- Failure to **completely finish drinking** the required amount of fluid **a full hour prior** to your appointment time can reduce the accuracy and image quality of your examination.

4. KIDNEYS ONLY

- No preparation required.

5. CHILDREN

- Please call the office for preparation advice.

6. CARDIOVASCULAR

- Please call the office for preparation advice.

You **MUST arrive 10 minutes** prior to your appointment to complete registration.
If you are late, another appointment may have to be arranged.

This requisition form can be taken to any licenced facility providing healthcare services including hospitals and Independent Health Facilities.

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