


GEORGIAN
RADIOLOGY
 CONSULTANTS

www.georgianradiology.com

- ☐ Collingwood - 28 Huron Street, 4th Floor (705) 444.9280
☐ Wasaga - 14 Ramblewood Dr. Suite 105 (705) 422.2255
☐ Innisfil - 7325 Yonge St., Suite 1300 (705) 431.5641
☐ Barrie - 11 Lakeside Terrace, Suite LL01 (705) 722.8036
☐ Barrie - 480 Huronia Rd., Suite 101 (705) 739.1028

BOOKING PHONE# : (705) 726.7442
BOOKING FAX# : (705) 726.8056
PATIENT CLINICAL HISTORY:

Previous Imaging? Location & Date?

Clinical Hx must be filled out

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 (Uninsured)
☐ 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

- ☐ Upper Abdomen
☐ HCC Surveillance/Portal HTN
☐ Kidneys
☐ Bladder (**Pre & Post Void**)
☐ Pelvis (includes **TV** unless contraindicated)
☐ Small Part: _____
☐ Early Dating
☐ IPS/EFTS (**11w-13w6days**)
☐ Routine
☐ Multi-gestation
☐ Hernia - Abdo Wall
☐ Hernia - Umbilical
☐ Hernia - Inguinal
☐ Scrotal/Testicular
☐ Thyroid
☐ Salivary Glands ☐ L ☐ R
☐ Other: _____
☐ Recheck/Limited
☐ Growth/EFW
☐ BPP/Cord Doppler
☐ MCA Doppler

Date LMP: Day_____ Month_____ Year_____

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

Vascular:

- ☐ Venous - **DVT** ☐ L ☐ R Leg ☐ L ☐ R Arm
☐ Venous Insufficiency - Legs ☐ Aorta
☐ Arterial Legs - Bilateral ☐ Carotids
☐ Diabetic Foot Screening ☐ Renals Arterial
☐ Vascular Screening (Carotids, Aorta, Legs)
☐ Interventional Consult If Abnormal Vascular Study

Musculoskeletal:

- ☐ L ☐ R Hip ☐ L ☐ R Shoulder
☐ L ☐ R Hamstring ☐ L ☐ R Elbow
☐ L ☐ R Knee ☐ L ☐ R Wrist
☐ L ☐ R Ankle ☐ L ☐ R Digits T 2 3 4 5
☐ L ☐ R Achilles ☐ L ☐ R Carpal Tunnel
☐ L ☐ R Plantar Fasciitis ☐ L ☐ R Popliteal Fossa - Baker's Cyst
☐ Synovitis Study ☐ Other Msk: _____

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. Nov 2019

☐ 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

| | | | | |
|--|---|--|---|---|
| 7325 Yonge St. Suite 1300 Innisfil, ON L9S 2M6 Ph (705) 431.5641 Fx (705) 431.5639 | 11 Lakeside Terrace Suite LL01 Barrie, ON L4M 0H9 Ph (705) 722.8036 Fx (705) 726.1166 | 480 Huronia Rd. Suite 101 Barrie, ON L4N 6M2 Ph (705) 739.1028 Fx (705) 739.0592 | 14 Ramblewood Drive Unit 105 Wasaga Beach, ON L9Z 0C4 Ph (705) 422.2255 Fx (705) 422.2253 | 28 Huron Street 4th Floor Collingwood, ON L9Y 1C4 Ph (705) 444.9280 Fx (705) 444.9150 |
| -Ultrasound -Bone Density -X-Ray (Walk-in only) | -Ultrasound -Bone Density -X-Ray (Walk-in only) | -Ultrasound -X-Ray (Walk-in only) | -Ultrasound -Bone Density -X-Ray (Walk-in only) | -Ultrasound -X-Ray (Walk-in only) |

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 or HCC SURVEILLANCE / PORTAL HTN

- **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. AORTA ONLY

- **DO NOT** eat or drink for 4 hours prior to your appointment.

5. KIDNEYS ONLY

- No preparation required.

6. CHILDREN

- Please call our bookings office for preparation advice.

7. CARDIOVASCULAR

- Please call our bookings 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.

Visit us at... www.georgianradiology.com