



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:

PATIENT Appointment :

Previous Imaging? Location & Date?

Clinical Hx must be filled out

Date: D_____ M_____ Y_____

Preparation #

Time: _____ am / pm

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See reverse page

X-RAY Walk-in only

ULTRASOUND Booked appt only

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

- Head and Neck:**
- ☐ Skull
 - ☐ Facial Bones
 - ☐ Nose
 - ☐ TMJs
 - ☐ Mandible
 - ☐ Orbits - trauma
 - ☐ Orbits - Pre MRI
 - ☐ Adenoids/Soft tissue
 - ☐ Sinuses (Uninsured)

- Upper Extremity:**
- ☐ Bilat
 - ☐ AC joints
 - ☐ Clavicle
 - ☐ Shoulder
 - ☐ Scapula
 - ☐ Humerus
 - ☐ Elbow
 - ☐ Forearm
 - ☐ Wrist
 - ☐ Scaphoid
 - ☐ Hand
 - ☐ Fingers
- T 2 3 4 5

- Abdomen:**
- ☐ KUB / Single
 - ☐ Acute (3 views)

- 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

- Lower Extremity:**
- ☐ Pelvis
 - ☐ Hip and Pelvis
 - ☐ Femur
 - ☐ Knee
 - ☐ Knee - Standing
 - ☐ Tibia/Fibula
 - ☐ Ankle
 - ☐ Foot
 - ☐ Os Calcis/Heel
 - ☐ Toes
- 1 2 3 4 5

- ☐ Upper Abdomen
- ☐ HCC Surveillance/Portal HTN
- ☐ Liver Elastography (Fibrosis)
- ☐ Kidneys
- ☐ Bladder (Pre & Post Void)
- ☐ Pelvis (includes TV unless contraindicated)
- ☐ Small Part: _____
- ☐ Early Dating
- ☐ IPS/EFTS (11w2d-13w3)
- ☐ 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 Hamstring
- ☐ L ☐ R Knee
- ☐ L ☐ R Ankle
- ☐ L ☐ R Achilles
- ☐ L ☐ R Plantar Fasciitis
- ☐ Synovitis Study
- ☐ L ☐ R Shoulder
- ☐ L ☐ R Elbow
- ☐ L ☐ R Wrist
- ☐ L ☐ R Digits T 2 3 4 5
- ☐ L ☐ R Carpal Tunnel
- ☐ L ☐ R Popliteal Fossa - Baker's Cyst
- ☐ Other Msk: _____

NUCLEAR MEDICINE Booked appt only

- ☐ MUGA ☐ Hepatobiliary ☐ Renal GFR
- ☐ Bone Scan ☐ Salivary ☐ Meckel's Scan
- ☐ Gastric Emptying ☐ Other: _____

For **BMD** Studies - Use BMD Requisition

PATIENT INFORMATION:

TECH NOTES:

REV. Sept 2021

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

Name: _____

Address: _____ City: _____

Home P#: _____ Cell P#: _____

Province: _____ OHIP# / WCB#: _____

☐ NCP

Practitioner SIGNATURE:

_____ : Signature

_____ : Printed Name

_____ : CC Copy

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

LOCATIONS & SERVICES AVAILABLE

7325 Yonge St. Suite 1300 Innisfil, ON L9S 2M6 Ph (705) 431.5641 Fx (705) 431.5639 -Ultrasound -Bone Density -Nuclear Medicine -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

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.
- **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 / HCC SURVEILLANCE / PORTAL HTN / LIVER ELASTOGRAPHY

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

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. VASCULAR

- Please call our bookings office for preparation advice.

NUCLEAR MEDICINE - PATIENT PREPARATION

8. RENAL GFR

- **FINISH** drinking 1 litre of fluids one hour before your appointment time. **You may empty your bladder.**

9. HEPATOBILIARY (HIDA)

- **DO NOT** eat for 4 hours prior to your appointment (but not longer than 24 hours).
- **NO** opioid medications or opioid drugs for 4 hrs prior to your appointment.

10. GASTRIC EMPTYING

- **DO NOT** eat or drink after midnight.
- Recommended to discontinue medications altering gastric motility for 2 days (at referring MD's discretion only; take medications as normal for therapy evaluation).
- **BRING** an egg salad sandwich, prepared specifically as follows: (call for alternate meal).
* Peel & chop 2 hard-boiled eggs. Mix with approximately 2 tablespoons of mayonnaise/Miracle Whip. Add salt and pepper to taste. Bring in a sealed container. Bring two slices of white bread (may be toasted) in a sealed container.

11. MECKEL'S SCAN

- **Attention Referring Physician:** Pretreatment with 150 mg oral ranitidine daily is recommended the day before and the morning of the procedure. Please discuss this with your patient and prescribe if appropriate.
- The patient should not have an active GI bleed at the time of the test.

12. SALIVARY/MUGA/BONE SCAN

- No preparation required.

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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