MRHA Mississippi River Health Alliance
Carleton Place & District Memorial Hospital

Date: _____

Patient Name: _____

Diagnostic Imaging Requisition

DOB:_____ **OHIP:** _____

Phone Number:_____

Please book your appointment by calling 613-253-3803 Fax: 613-257-5197

For Stat appointments fax: 613-257-4124

Requisitions are required to perform examinations.
Requisitions must be fully completed for an examination to be scheduled.
Please fax requisitions to the central booking department.

EXAMINATION REQUESTED: _____

PRECAUTIONS REQUIRED? ☐ Standard Precautions ☐ Airborne ☐ Droplet ☐ Contact

History/Clinical Indication: (PLEASE PRINT CLEARLY)

PATIENT MOBILITY

☐ Wheelchair ☐ Fall Risk

☐ Stretcher ☐ Lift Assist

Is patient diabetic?

☐ YES ☐ NO

Can patient be left unattended?

☐ YES ☐ NO

Patient Follow Up : ☐ ED ☐ FP ☐ Other_____

Ordering Physician (PRINT):_____

Copy of Report to (PRINT): _____

Physician's Signature: _____**Billing#**_____

Booking Guidelines

☐ **EMERGENCY 24-48HRS**

☐ **< 2 WEEKS**

☐ **DEFERRABLE/ROUTINE**

Test will not be completed if left blank.

FOR TECHNOLOGIST'S USE ONLY:

Verified Patient's ID (2 pieces) by: ☐ Armband ☐ DOB ☐ Name ☐ Other: _____

Pregnant: ☐ YES ☐ NO LMP_____

Technologist: _____Date: _____

Notes:

***PLEASE ARRIVE AT REGISTRATION 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME**

APPOINTMENT DATE _____**Time:**_____

***PLEASE ARRIVE AT REGISTRATION 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME**

APPOINTMENT DATE _____ **Time:** _____

PREPARATION FOR ULTRASOUND

Ultrasound is a test that uses sound waves and not x-rays.
For the test you will be asked to lie down on a bed while a transducer (this looks like a small microphone) is slowly passed over the area that is being examined.

PLEASE FOLLOW THE INSTRUCTIONS FOR THE BODY PART BEING EXAMINED.

☐ **Abdominal Examination:** (Includes the liver, aorta, pancreas, spleen, gallbladder & kidneys)
***DO NOT** eat, drink, smoke or chew gum for 8 hours prior to exam.
*Do not discontinue medication (take with a mouthful of water).

☐ **Abdomen and Pelvic Examination:**
*DO NOT eat 8 hours prior to exam but drink 40oz of WATER only. (1-1.5 litres)
*Finish drinking water 1 hour prior to exam.
*Do not empty your bladder after drinking, until after your test.

☐ **Obstetric or Pelvic Examination:**
The test can only be done with the urinary bladder FULL.
*Finish drinking 40oz of water1 hour before your appointment time. (1-1.5 litres approximately 5 large glasses).
*DO NOT empty your bladder after drinking, until after your test. (Please notify a staff member if your bladder becomes too uncomfortable. You may pass a small amount of urine to ease the pressure)
If your bladder is not full, you **may be rebooked**.
*You may eat for this examination.

All other Ultrasound Tests:
There are no restrictions on food or drink.

Notes:
Do you take medication?
~Continue to take your usual medications with a small amount of water.
Are you an Insulin dependent diabetic?
~If you are asked to miss breakfast, take ½ your normal dose of insulin.
~If you must miss any other meal, contact your doctor for further instructions.
After the Test:
Return to your normal diet and insulin routine.
For safety reasons, young children will not be permitted in room during your examination.