

**GEORGIAN**
RADIOLOGY
CONSULTANTS

- ☐ 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

Request an appointment @ georgianradiology.com

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

Head and Neck:

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

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

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
☐ 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

NUCLEAR MEDICINE Booked appt only

- ☐ MUGA ☐ Bone Scan ☐ Renal GFR
☐ Persantine Myocardial Perfusion ☐ Hepatobiliary ☐ Meckel's Scan
☐ Salivary
☐ Other: _____

For **BMD** Studies - Use BMD Requisition**ULTRASOUND** Booked appt only

- ☐ Upper Abdomen ☐ Hernia - Abdo Wall
☐ HCC Surveillance/Portal HTN ☐ Hernia - Umbilical
☐ Liver Elastography (Fibrosis) ☐ Hernia - Inguinal
☐ Kidneys ☐ Scrotal/Testicular
☐ Bladder (Pre & Post Void) ☐ Thyroid
☐ Pelvis (includes TV unless contraindicated) ☐ Salivary Glands ☐ L ☐ R
☐ Small Part: _____ ☐ Other: _____
☐ Early Dating ☐ Recheck/Limited
☐ IPS/EFTS (11w2d-13w3) ☐ Growth/EFW
☐ Routine ☐ BPP/Cord Doppler
☐ Multi-gestation ☐ 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
☐ Vascular Screening (Carotids, Aorta, Legs) ☐ Aorta
☐ Diabetic Foot Screening ☐ Carotids
☐ Arterial Legs - Bilateral ☐ Renals Arterial
☐ Arterial Arms - Bilateral
☐ Venous Insufficiency - Bilateral Legs

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. Sept 2023

☐ NCP**Practitioner SIGNATURE:**

_____: Signature

_____: Printed Name

_____: Fax #

_____: 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. 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.

11. MYOCARDIAL PERFUSION

Day 1

- **NO caffeine for 24 hours** (includes chocolate, soda pop, all coffee and tea including decaf and herbal).
- **DO NOT** eat for **3 hours** prior to your appointment. You may drink water/fruit juice.
- **Discontinue** medications at direction of physician (heart, blood pressure, erectile dysfunction, related to theophylline).
- **Bring** your medications, health card, and water or juice. If you are on insulin, please bring your glucometer and juice.
- **Avoid** smoking (tobacco/marijuana) until test is complete.

Day 2

- **DO NOT** eat for **3 hours** prior to your appointment. You may drink water/fruit juice.

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.

Visit us at... **www.georgianradiology.com**