fraserhealth

MEDICAL IMAGING REQUISITION

DIXX102601C Rev: Apr 05/16 Page: 1 of 2

Hospital Site:	Surname	First Name	Sex M F
Appt. Date: Time:	Address		
	City		Home Phone
☐ Not Willing to be booked at alternate hospital	Date of Birth (dd/mmm/yyyy)		Work Phone
☐ **Interpreter Needed?** Language _____	Medical Plan Number		WCB / ICBC Claim Number
	☐ MSP ☐ WCB ☐ ICBC ☐ PATIENT ☐ OTHER		

☐ **X-RAY** ☐ **ULTRASOUND** ☐ **CT** ☐ **INTERVENTIONAL PROCEDURES / ANGIO**

EXAM REQUESTED:

RELEVANT HISTORY:	**REASON FOR EXAM:**

IS PATIENT: Pregnant ☐ Yes ☐ No Date of LMP: _____

Diabetic ☐ Yes ☐ No If so, is patient taking Glucophage (Metformin)? ☐ Yes ☐ No

On Dialysis ☐ Yes ☐ No Taking Anti-Coagulants? ☐ Yes ☐ No _____ *(Please specify)*

ALLERGIES: _____ *(Please specify)* Isolation: ☐ Standard Other: _____ *(Specify type)*

IF PATIENT IS HAVING INTRAVENOUS CONTRAST PROCEDURE, PLEASE COMPLETE:

Recent eGFR (<3 months): _____ Date: _____

Recent Creatinine level: _____ Date: _____

Hx of contrast allergy reaction: *(Please specify)* _____

Physician: _____ *(Signature / Stamp)*

Phone #: _____ Billing #: _____

Copies To: _____

RELEVANT PREVIOUS FILMS, IMAGES, RESULTS?

Dr. has requested films/images: Y / N Date: _____

Location: _____ Date: _____

Attached: Reports ☐ Lab Work ☐ CD ☐

Notes: _____

• INCOMPLETE REQUESTS WILL BE RETURNED •

PORTION BELOW TO BE COMPLETED BY MEDICAL IMAGING

Stores #316455

Priority

☐ P1
☐ P2
☐ P3
☐ P4
☐ Specified date: _____

IV Contrast: ☐ Yes ☐ No

Oral Contrast: ☐ Yes ☐ No

Other: _____

Previous Films/Req: ☐ Yes ☐ No

Radiologist Protocol

Mnemonic(s):

Booking: Technologist:

☐ Films Notes:

☐ Reports

☐ Lab

_____ *Date/Time Req. Rcv'd (dd/mmm/yyyy)*

Patient Type: ☐ ER ☐ IP ☐ OP/OH

Priority: 1 2 3 4 Specified date

Discharge OH: _____

OP Related Delay: Y / N

Dr. Office Related Delay: Y / N

OUTPATIENT PREPARATIONS FOR
DEPARTMENT OF DIAGNOSTIC IMAGING - MEDICAL IMAGING

DOCTOR: PLEASE CHECK ✓) CORRECT PREPARATIONS

XRAY

☐ **1. ESOPHAGUS, UGI, STOMACH & DUODENUM or SMALL BOWEL FOLLOW THROUGH**
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT UNTIL COMPLETION OF EXAMINATION.

☐ **2. BOWEL PREPARATION (COLON PROCEDURES OR BARIUM ENEMAS)**
- **48 - Hour bowel preparation is required for this procedure.**
- Contact your doctor for the appropriate bowel preparation for YOU.
  - **NORMAL RENAL FUNCTION**
    - ☐ Pico-Salax
  - **ABNORMAL RENAL FUNCTION**
    - ☐ Magnesium Citrate - Low Sodium Prep (Citro-Mag)
    - ☐ GoLYTELY (For patients with - eGFR value of less than 30)
- Your doctor will provide you with the patient instructions sheet for the bowel preparation recommended.
- **Please follow the instructions carefully.**

DIABETIC PATIENTS: If you are on oral diabetic medications or insulin, ask your doctor about dose changes.

ULTRASOUND

☐ **3. ABDOMEN SCAN (Gallbladder, liver, kidneys, spleen, pancreas, aorta)** **PEDIATRIC-see #8**
- If your appointment is in the morning, nothing to eat or drink after midnight.
- If your appointment is in the afternoon you may drink clear fat-free fluids in the morning.
- Diabetic patients may have a light fat-free meal 6 hours before the scheduled appointment.

☐ **4. PELVIC SCAN (male pelvis and non-biopsy prostate or female pelvis)** **PEDIATRIC- see #8**
- **A FULL BLADDER IS ESSENTIAL** for this examination. **You may eat an take all your of regular medications.**
- Come well hydrated for your exam, the day prior drink plenty of water. On the day of the exam, empty our bladder 2 hours before your appointment and then drink 1 litre of water over the next 30 minutes. If the instructions are not followed, another appointment may have to be made.
- **DO NOT EMPTY YOUR BLADDER UNTIL AFTER YOUR EXAMINATION.**

☐ **5. OBSTETRICAL SCAN** **PEDIATRIC- see #8**
- **A FULL BLADDER IS ESSENTIAL** for these examinations. **You may eat and take off of your regular medications.**
- Come well hydrated for your exam, the day prior drink plenty of water. On the day of exam, empty your bladder 1 hour before your appointment and then drink 2 (8 oz) cups of water. If the instructions are not followed, another appointment may have to be made.
- **DO NOT empty your bladder until after your examination or until instructed to do so by the sonographer.**

☐ **6. RENAL SCAN (kidney, ureters, bladder)** **PEDIATRIC- see #8**
- If the instructions are not followed, another appointment may have to be made.
- Empty your bladder 1 hour before your appointment and then drink 1 litre of water over the next 30 minutes.
- **DO NOT EMPTY YOUR BLADDER UNTIL AFTER YOUR EXAMINATION.**

CT

☐ **7. CT EXAMINATIONS**
- HEAD SCANS: The meal preceding the examination should be a light one.
- CHEST SCANS: The meal preceding the examination should be a light one.
- SPINAL SCANS: No special preparation.
- ABDOMEN AND/OR PELVIC SCANS: Preparation will be given at the time the examination is booked. Day of exam: **Nothing to eat. Clear fluids only.**

PEDS

☐ **8. PEDIATRIC PREPARATIONS:**
- Please call the Medical Imaging Department directly to receive preparation information and instructions for children under the age of 16.

- **Take any medications you normally take with a small amount of water.**
- **Children are not allowed in the exam room. Please make alternative childcare arrangements.**
- **Do not wear scents, perfumes or fragrances of any kind.**
- **Parking: Pay parking is available - $1 and/or $2 coins or credit card.**