



Diagnostic Imaging Requisition

X-Ray & Ultrasound

HALIBURTON HIGHLANDS
HEALTH SERVICES

Working Together for the Health of the Highlands

Date of Requisition: _____

Name: _____

Healthcard: _____

Birthdate: _____

Address: _____

Phone: _____

Family Physician: _____

CC Physician: _____

CC Physician: _____

WSIB No Yes Injury Date _____

Claim #: _____

For Emergency Dept. Use:

Haliburton ED

Tele: 705 – 457 - 3721

Minden ED

Tele: 705 – 286 – 0256

Outpatient

Inpatient Rm _____

AND Yes No

ISOLATION PRECAUTIONS – PLEASE COMPLETE

Not Required Airborne Droplet Contact

X-RAY

Appointment necessary →

Fax 705 – 457 – 5173

Booking line 705 – 457 – 1392 ext. 2381

Essential Clinical History:

Examination of:

Physician's Signature:

Date:

ULTRASOUND

Appointment necessary →

Fax 705 – 457 – 5173

Booking line 705 – 457 – 1392 ext. 2381

DATE TO BE DONE BY: _____

Essential Clinical History:

Examination of:

Patient prep on reverse of sheet

Physician's Signature:

Date:

Radiology Use Only

Patient Pregnant No Yes LMP _____

Tech Notes:

Patient Shielded No Yes

PPE Worn Face Shield Goggles

Gown Gloves Mask N95 Mask

MRT _____ Room _____ # of Images _____

For Inpatient Use

Nurse Verified:

Medical Directive
 Chart Order

Appointment Date

Time

Medical Record #



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Patient Instructions:

For **ULTRASOUND**

Obstetrical, Gynecological and Pelvic Examinations (including Prostate)
 A full bladder is very important for this type of examination. Please **finish** drinking 32 ounces (4 large glasses) of clear liquid (not milk) one hour before your appointment time. **Do not empty your bladder after drinking the liquid.**

Abdominal (liver, pancreas, gall bladder, kidneys)

- AM appointments: Nothing to eat or drink after 12:00 midnight. **No breakfast.**
- PM appointments: Patient may have a light fat-free breakfast
- Pediatrics (0 - 2 yrs) Nothing to eat or drink two hours prior to appointment time

All other examinations
 No preparation is required.

Other instructions _____

It is the responsibility of the patient to follow-up with their referring physician for the results of their examination.

Please respect that the hospital supports a **FRAGRANCE FREE** environment.