

WEST HALDIMAND GENERAL HOSPITAL75 Parkview Rd., Hagersville, Ontario N0A 1H0
Phone (905) 768-3311, Ext 1142 • Fax (905) 768-3486**DIAGNOSTIC IMAGING DEPARTMENT**☐ OUT-PATIENT ☐ IN-PATIENT ☐ ISOLATION

U# _____

PATIENT'S LAST NAME	FIRST NAME	<input type="checkbox"/> M <input type="checkbox"/> F	IDENTIFIES AS:	BIRTH DATE
ADDRESS		CITY	POSTAL CODE	
PATIENTS PHONE # HOME:		CELL PHONE:	H.I.N.	VERSION CODE
APPOINTMENT DATE AND TIME			<input type="checkbox"/> STAT <input type="checkbox"/> WSIB	

X-RAY - No Appointment**ABDOMEN**

- ☐ 1 view
☐ Acute - 3 views

HEAD & NECK

- ☐ Neck for Soft Tissues
☐ Skull
☐ Sinuses
☐ Facial Bones
☐ Nose
☐ Mandible
☐ T.M. Joints
☐ Mastoids
☐ Orbits - MRI

SPINE & PELVIC

- ☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Sacrum/Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Hip ☐ R ☐ L
CHEST
☐ Chest PA & LAT
☐ Chest Portable
☐ Ribs ☐ R ☐ L ☐ B
☐ Sterno - Clavicular Jts.
☐ Sternum

UPPER EXTREMITIES

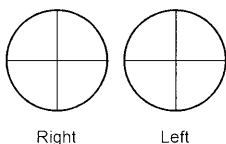
- R L
☐ Clavicle
☐ A.C. Joints
☐ Shoulder
☐ Scapula
☐ Humerus
☐ Elbow
☐ Forearm
☐ Wrist
☐ Scaphoid
☐ Hand
☐ Digit 1 2 3 4 5

**CARDIO - By Appointment**

- ☐ Holter Monitor ☐ 24 Hr. ☐ 48 Hr. ☐ 72 Hr. ☐ 14 DAYS
☐ Electrocardiogram (no appointment needed)

MAMMOGRAPHY - By Appointment Only

- ☐ Left
☐ Right
☐ Bilateral
☐ OBSP



PREVIOUS

Date _____
Location _____**LOWER EXTREMITIES**

- R L
☐ Femur
☐ Knee
☐ Patella
☐ Tib. & Fib.
☐ Ankle
☐ Foot
☐ Toe 1 2 3 4 5
☐ (Calcaneus) heel

ULTRASOUND - By Appointment Only

- ☐ OB U/S for dating (less than 16 weeks)*
☐ OB U/S ROUTINE (18-20 weeks)*
☐ OB U/S NON ROUTINE*
☐ Abdomen* (includes kidneys, liver, pancreas, gallbladder, spleen, aorta)
☐ Aorta Only*
☐ Kidneys and Bladder* only
☐ Female Pelvis (includes uterus, ovaries and bladder)
☐ Male Pelvis (To include bladder + prostate)
☐ Scrotal/Testicular
☐ Breast ☐ R ☐ L ☐ B
☐ Popliteal Fossa ☐ R ☐ L ☐ B
☐ Thyroid
☐ Soft Tissue Neck
☐ Shoulder ☐ R ☐ L ☐ B
☐ Knee ☐ R ☐ L ☐ B
☐ Hernia (no prep)
☐ Other _____

COLOUR DOPPLER - By Appointment

- ☐ Carotid
☐ Venous - lower extremity DVT ☐ R ☐ L ☐ B
☐ Other _____

NOTE: (*) EXAM REQUIRES PREPARATION - INSTRUCTIONS ON REVERSE →

Clinical History/Indication for test:

DOCTOR'S SIGNATURE

COPY TO

TECHNOLOGIST USE ONLYPatient states not pregnant ☐Gonadal protection used ☐

Tech's Initials _____

Comments _____

IDENTIFICATION

☐ D.O.B. ☐ Name ☐ U#

PLEASE FOLLOW CHECKED OFF INSTRUCTIONS

Please arrive 5 minutes before your appointment time to allow for registration

1. ☐ **ABDOMEN** - Time in department approximately 30 minutes.

Do not eat or drink anything after midnight prior to your examination. If you need to take medication, you may take your regular dose with water.

2. ☐ **THYROID, BREAST, TESTICLES, EXTREMITY** - Time in department approximately 30 minutes.

Eat and drink normally.

3. ☐ **KIDNEYS AND BLADDER** – Time in department approximately 30 minutes.

You must arrive in the department with a **full bladder**. To accomplish this, you should eat normally and you must empty your bladder 1 1/2 hours before your appointment. Over the next 1/2 hour drink 40 ounces of water which is two-500ml bottles or five - 8 ounce glasses. You must finish drinking 1 hour before your appointment and arrive with a full bladder.

4. ☐ **OBSTETRICAL GYNECOLOGICAL, PELVIC** - Time in department approximately 30 minutes.

You must arrive in the department with a **full bladder**. To accomplish this, you should eat normally and you must empty your bladder 1 1/2 hours before your appointment. Over the next 1/2 hour drink 40 ounces of water which is two-500ml bottles or five - 8 ounce glasses. You must finish drinking 1 hour before your appointment and arrive with a full bladder.

5. ☐ **ABDOMEN AND PELVIC** – Time in department approximately 30 minutes.

Do not eat or drink anything after midnight prior to your examination. It is okay to take your medication. Empty your bladder 1 1/2 hours before your appointment. Over the next 1/2 hour drink 40 ounces of water which is two-500ml bottles or five-8 ounce glasses. You must finish drinking 1 hour before your appointment and arrive with a full bladder.

It is very important that you follow the preparation instructions, if you are not prepared, it may be necessary to book you for another day.

If you have any questions about your exam or if you are unable to keep your appointment, please call the Diagnostic Imaging Department at 905-768-3311 ext. 1142.

PLEASE BRING YOUR HEALTH CARD WITH YOU