South Huron Hospital Association
24 Huron Street West
Exeter, ON NOM 1S2
T 519-235-5163 | F 519-235-0018

An appointment is required for all exams

☐ Patient will book (call 519-235-5163)

☐ Diagnostic Imaging Dept. to book

Appt Date:_____ Time:_____

☐ ER PATIENT
☐ RETURN TO ER
☐ FOLLOW UP WITH FAMILY PHYSICIAN

☐ WSIB ☐ Diabetic ☐ Hoyer Lift

_____ Patient Name

_____ D.O.B. (dd/mm/yyyy)

_____ Health Card Number

_____ Patient Phone Number

CLINICAL INFORMATION (MANDATORY):

AN APPOINTMENT IS REQUIRED FOR ALL EXAMS – NO EXAMINATION WILL BE PERFORMED WITHOUT THIS REQUISITION.

X-RAY EXAMS

ABDOMEN

☐ Single view supine/KUB
☐ Acute series supine/Erect

CHEST

☐ Chest PA & Lat
☐ Ribs Right Left Bilateral

HEAD & NECK

☐ Facial Bones
☐ Mandible
☐ Neck for Soft Tissues

SPINE & PELVIC

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Pelvis

UPPER EXTREMITIES	Rt	Lt	LOWER EXTREMITIES	Rt	Lt
☐ Clavicle	☐	☐	☐ Hip	☐	☐
☐ AC Joints	☐	☐	☐ Femur	☐	☐
☐ Shoulder	☐	☐	☐ Knee	☐	☐
☐ Scapula	☐	☐	☐ Tib. & Fib.	☐	☐
☐ Humerus	☐	☐	☐ Ankle	☐	☐
☐ Elbow	☐	☐	☐ Foot	☐	☐
☐ Forearm	☐	☐	☐ Calcaneus	☐	☐
☐ Wrist	☐	☐	☐ Toe 1 2 3 4 5	☐	☐
☐ Scaphoid	☐	☐			
☐ Hand	☐	☐	☐ **Other X-Ray:** _____		
☐ Finger 1 2 3 4 5	☐	☐	☐ **ECG**		

BONE DENSITOMETRY

Please see instructions on reverse.

☐ Bone Mineral Density
Last exam date and location: _____

ULTRASOUND

Please see instructions on reverse.

☐ OB -Dating (less than 16 weeks) LMP: _____
☐ OB -IPS/eFTs (North York eFTS req must accompany this req)
☐ OB -Routine (>20 weeks)
☐ OB -High Risk
☐ Abdomen -Complete
☐ Abdomen -Limited (specify): _____
☐ Aorta
☐ Bladder
☐ Renal
☐ Pelvis - proceed to transvaginal if appropriate
☐ Thyroid
☐ Scrotal
☐ Shoulder: ☐ Right ☐ Left ☐ Bilateral
☐ Popliteal Fossa: ☐ Right ☐ Left ☐ Bilateral
☐ DVT Leg: ☐ Right ☐ Left ☐ Bilateral
☐ Carotid Doppler - Please include list of medications.
☐ Other U/S exam (specify): _____

_____ Ordering Physician/N.P. Name (Printed)

_____ Physician/N.P. Signature

_____ Registration Number

_____ Date (dd/mm/yyyy)

_____ Additional Copies

Important patient information on reverse ➡

South Huron Hospital Association – Diagnostic Imaging Department
Phone: 519-235-5163

- **Please bring your health card with you to the hospital on the date of your exam, and if you have it, a copy of your requisition.**
- **Please check in at registration 10 minutes prior to your appointment time.**

X-RAY PREPARATIONS (Please check appropriate box below)

☐ **BONE MINERAL DENSITY**

- Please wear clothing with no buttons or zippers & no underwire bra.
- No calcium on day of examination.

ULTRASOUND PREPARATIONS (Please check appropriate box below)

☐ **ABDOMEN (Complete or Limited Study)** ☐

- Have nothing to eat or drink after midnight.

☐ **PELVIC EXAMINATION (Male or Female)**

- Have 40 oz. (1200ml) of water consumed and finished 1 hour prior to your appointment time.
- DO NOT empty your bladder until after your examination.

☐ **OBSTETRICAL EXAMINATION**

- Preparation the same as Pelvic Examination above.

☐ **ALL OTHER EXAMINATIONS**

- No preparation required.