

Waterloo Wellington Hospitals
 General Radiography (X-RAY)/Gastric/Minor
 Fluoroscopic Procedures Requisition

OFFICE USE ONLY

Exam Date: _____
 Arrival Time: _____
 Exam Time: _____

Fax completed requisition to ONE Hospital:

- | | |
|--|--|
| <input type="checkbox"/> Cambridge Memorial Hospital:(CMH) 519-740-4904 | <input type="checkbox"/> Louise Marshall Hospital: (LMH) 509-509-3884 |
| <input type="checkbox"/> Grand River Hospital: (GRH) 519-749-4296 | <input type="checkbox"/> Palmerston District Hospital: (PDH) 519-343-3821 |
| <input type="checkbox"/> Groves Memorial Community Hospital:(GMCH) 519-843-7637 | <input type="checkbox"/> St. Mary's General Hospital: (SMGH) 519-749-6989 |
| <input type="checkbox"/> Guelph General Hospital: (GGH) 519-766-9982 | |

Patient Information

Last Name, First Name: _____		Health Card #: _____	VC: _____
DOB: DD/MM/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	WSIB? <input type="checkbox"/> Y <input type="checkbox"/> N	Injury Date: DD/MM/YYYY
Street Address: _____		Please include Claim #: _____	
City/Town: _____		Other Insurance? Third Party or Self Pay	
Province: _____	Postal Code: _____	Specify: _____	
Contact Number: _____		Required Patient Information:	
Home: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Patient consents to leave message		Height: _____ (cm)	Weight: _____ (kg)
Other: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Patient consents to leave message		<input type="checkbox"/> Restricted Mobility	<input type="checkbox"/> Outpatient
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		<input type="checkbox"/> Pediatric Under 10 yrs	<input type="checkbox"/> In-Patient Rm/Loc
<input type="checkbox"/> Y <input type="checkbox"/> N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.			

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print): _____	Signature _____	Date _____
Contact #: _____	Fax#: _____	

Copy to (Please print)

Specify Exam Requested and Area(s) to be examined:

Clinical History/Indication (reason for exam):

Previous Relevant Imaging (please specify):

Is Patient Pregnant? Y N Please indicate LMP: _____

Please indicate location of Imaging examination for Patient:

<p>Cambridge Memorial Hospital 700 Coronation Blvd. Cambridge ON N1R 3G2</p>	<p>Telephone: 519-621-2333 x2230 Fax: 519-740-4904 www.cmh.org</p>	<ul style="list-style-type: none"> • All patients are to register in the Diagnostic Imaging Department, located on the 1st Floor of the hospital's A Wing, at the indicated arrival time.
<p>Grand River Hospital 835 King St. W Kitchener ON N2G 1G3</p>	<p>Telephone: 519-749-4262 Fax: 519-749-4296 www.grhosp.on.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the Department of Medical Imaging, located on the 2nd Floor of the hospital's D Wing, at the indicated arrival time.
<p>Groves Memorial Community Hospital 235 Union St. Fergus ON N1M 1W3</p>	<p>Telephone: 519-843-5331 x3234 Fax: 519-843-7637 www.gmch.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the hospital's Diagnostic Imaging Department, located on the Ground Floor, at the indicated arrival time.
<p>Guelph General Hospital 115 Delhi St. Guelph ON N1E 4J4</p>	<p>Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the hospital's Diagnostic Imaging Department, located on the 3rd Floor, at the indicated arrival time.
<p>Louise Marshall Hospital 630 Dublin St. Mt. Forest ON N0G 2L3</p>	<p>Telephone: 519-323-3333 x2253 Fax: www.nwhealthcare.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the hospital's main registration located on Ground Floor, at the indicated arrival time.
<p>Palmerston and District Hospital 500 Whites Rd. Palmerston ON N0G 2P0</p>	<p>Telephone: 519-343-2030 x4245 Fax: 519-343-3821 www.nwhealthcare.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the hospital's main registration located on Ground Floor, at the indicated arrival time.
<p>St. Mary's General Hospital 911 Queen's Blvd Kitchener ON N2M 1B2</p>	<p>Telephone: 519-749-6990 Fax: 519-749-6989 www.smgh.ca</p>	<ul style="list-style-type: none"> • All patients are to register in the hospital's Diagnostic Imaging Department, located on the 1st Floor, at the indicated arrival time.

Exam Preparation

All Sites	Upper GI Series/Swallow/Small Bowel: Nothing to eat or drink from 10pm the night before the examination.
Cambridge Memorial Hospital	Barium Enema: Prior to exam obtain one (1) bottle (10oz) of Citromag and three (3) Dulcolax tablets from the pharmacy. Two days before examination: Take clear fluids only At 4:00pm take 10oz bottle of Citromag At 6:00pm take 3 Dulcolax tablets. Drink at least 3 large glasses of water in the evening. Day of examination: Continue with clear fluids until exam complete Insulin Diabetics may have light breakfast and take their insulin
Grand River Hospital	Barium Enema: Bowel cleansing agent as recommended by your doctor Day before the examination: Clear fluids only Nothing to Eat or drink after midnight until exam is complete. Medications may be taken with a small amount of water
Guelph General Hospital Groves Memorial Community Hospital Louise Marshall Hospital Palmerston and District Hospital	Barium Enema: Prior to exam obtain four (4) 5mg Dulcolax and one (1) box of PICO-SALAX from the pharmacy Day before the examination: Clear fluids only. At 8:00am take 4 Dulcolax tablets At 11:00am take 1 packet of the PICO-SALAX. Drink one glass of water every 4 hours. At 5:00pm take the second packet of the PICO-SALAX. Continue clear fluids until midnight. Day of examination: Nothing to eat or drink on morning of examination
St. Mary's Hospital	Barium Enema: Prior to exam obtain a Bowel Preparation Kit (PICO-SALAX is recommended) from the pharmacy and follow instructions inside

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.