

Waterloo Wellington Hospitals  
General Radiography (X-RAY)/Gastric/Minor  
Fluoroscopic Procedures Requisition  
Fax completed requisition to ONE Hospital:

OFFICE USE ONLY

Exam Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Exam Time: \_\_\_\_\_

☐ Cambridge Memorial Hospital:(CMH) **519-740-4904**  
☐ Groves Memorial Community Hospital:(GMCH) **519-843-7637**  
☐ Guelph General Hospital: (GGH) **519-766-9982**  
☐ Louise Marshall Hospital: (LMH) **519-943-0980**  
☐ Palmerston District Hospital: (PDH) **519-343-3821**

☐ Waterloo Regional Health Network  
@ Midtown: (WRHN-M) **519-749-4296**  
@ Queen's Boulevard: (WRHN-QB) **519-749-6513**

**Patient Information**

Other Reqs Associated to Patient? ☐ Y ☐ N

Last Name, First Name: \_\_\_\_\_

DOB: DD/MM/YYYY ☐ Male ☐ Female ☐ Unknown

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ ☐ Y ☐ N Patient consents to leave message

Other: \_\_\_\_\_ ☐ Y ☐ N Patient consents to leave message

Preferred Language: ☐ English ☐ Other: \_\_\_\_\_

☐ Y ☐ N An interpreter is required to consent to the procedure. CMH, GGH, WRHN have interpretation services available.

Health Card #: \_\_\_\_\_ VC: \_\_\_\_\_

WSIB? ☐ Y ☐ N Injury Date: DD/MM/YYYY

Please include Claim #: \_\_\_\_\_

Other Insurance? Third Party or Self Pay

Specify: \_\_\_\_\_

**Required Patient Information:**

Height: \_\_\_\_\_ (cm) Weight: \_\_\_\_\_ (kg)

☐ Restricted Mobility

☐ Outpatient

☐ Pediatric Under 10 yrs

☐ In-Patient Rm/Loc

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

**Urgency**

☐ Urgent

☐ Semi-Urgent

☐ Routine

**Clinical History/Indication** (reason for exam):

**Previous Relevant Imaging** (please specify):

Known Medical Allergies

Is Patient Pregnant? ☐ Y ☐ N

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

Ordering Physician Name (Please print): \_\_\_\_\_

Contact #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Copy to (Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing #: \_\_\_\_\_

## Please indicate location of Imaging examination for Patient:

### Cambridge Memorial Hospital

700 Coronation Blvd.  
Cambridge ON N1R 3G2

### Groves Memorial Community Hospital

235 Union St.  
Fergus ON N1M 1W3

### Guelph General Hospital

115 Delhi St.  
Guelph ON N1E 4J4

### Louise Marshall Hospital

630 Dublin St.  
Mt. Forest ON N0G 2L3

### Palmerston and District Hospital

500 Whites Rd.  
Palmerston ON N0G 2P0

### Waterloo Regional Health Network @ Midtown

835 King St. W  
Kitchener ON N2G 1G3

### Waterloo Regional Health Network @ Queen's Boulevard

911 Queen's Blvd  
Kitchener ON N2M 1B2

Telephone: 519-621-2333 x2230

Fax: 519-740-4904

www.cmh.org

Telephone: 519-843-2010 x47013

Fax: 519-843-7637

www.gmch.ca

Telephone: 519-837-6413

Fax: 519-766-9982

www.gghorg.ca

Telephone: 519-323-3333 x74701

Fax: 519-943-0980

www.nwhealthcare.ca

Telephone: 519-343-2030 x84401

Fax: 519-343-3821

www.nwhealthcare.ca

Telephone: 519-749-4262

Fax: 519-749-4296

www.wrhn.ca

Telephone: 519-749-6990

Fax: 519-749-6989

www.wrhn.ca

• All patients are to register in the Diagnostic Imaging Department, located on the **1<sup>st</sup>** Floor of the hospital's **A Wing**, at the indicated arrival time.

• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.

• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3<sup>rd</sup>** Floor, at the indicated arrival time.

• All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.

• All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.

• All patients are to register in the hospital's Department of Medical Imaging on the **2<sup>nd</sup>** Floor of the hospital's **D Wing**. All patients are asked to register in the department at their arrival time.

• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1<sup>st</sup>** 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

### Guelph General 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

### Waterloo Regional Health Network

@ Midtown

@ Queen's Boulevard

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

## 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.