

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) 519-509-3884 |
| <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		Other Reqs Associated to Patient? <input type="checkbox"/> Y <input type="checkbox"/> N	
Last Name, First Name: _____		Health Card #: _____	VC: _____
DOB: DD/MM/YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	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:

Cambridge Memorial Hospital

700 Coronation Blvd.
Cambridge ON N1R 3G2

Telephone: 519-621-2333 x2230

Fax: 519-740-4904

www.cmh.org

- 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.

Grand River Hospital

835 King St. W
Kitchener ON N2G 1G3

Telephone: 519-749-4262

Fax: 519-749-4296

www.grhosp.on.ca

- 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.

Groves Memorial Community Hospital

235 Union St.
Fergus ON N1M 1W3

Telephone: 519-843-2010 x3234

Fax: 519-843-7637

www.gmch.ca

- All patients are to register in the hospital's Diagnostic Imaging Department, located on the **Ground Floor**, at the indicated arrival time.

Guelph General Hospital

115 Delhi St.
Guelph ON N1E 4J4

Telephone: 519-837-6413

Fax: 519-766-9982

www.gghorg.ca

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

Louise Marshall Hospital

630 Dublin St.
Mt. Forest ON N0G 2L3

Telephone: 519-323-3333 x2253

Fax: 519-509-3884

www.nwhealthcare.ca

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

Palmerston and District Hospital

500 Whites Rd.
Palmerston ON N0G 2P0

Telephone: 519-343-2030 x4245

Fax: 519-343-3821

www.nwhealthcare.ca

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

St. Mary's General Hospital

911 Queen's Blvd
Kitchener ON N2M 1B2

Telephone: 519-749-6990

Fax: 519-749-6989

www.smgh.ca

- 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.