

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

Modified on: Mon, 26 Nov, 2018 at 2:26 PM

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

Fax completed requisition to ONE Hospital:

☐ Cambridge Memorial Hospital:(CMH)

519-740-4904

☐ Grand River Hospital: (GRH)

519-749-4296

☐ Groves Memorial Community Hospital:(GMCH)

519-843-7637

☐ Guelph General Hospital: (GGH)

519-766-9982

☐ Louise Marshall Hospital: (LMH)

509-509-3884

☐ Palmerston District Hospital: (PDH)

519-343-3821

☐ St. Mary's General Hospital: (SMGH)

519-749-6989

OFFICE USE ONLY

Exam Date: _____

Arrival Time: _____

Exam Time: _____

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? <input type="checkbox"/> Y <input type="checkbox"/> N Please indicate LMP: _____			

74600124 WWR-GRXRAY 2018

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

Grand River Hospital
835 King St. W
Kitchener ON N2G 1G3

Telephone: 519-749-4262
Fax: 519-749-4296
www.grhosp.on.ca

Groves Memorial Community Hospital
235 Union St.
Fergus ON N1M 1W3

Telephone: 519-843-5331 x3234
Fax: 519-843-7637
www.gmch.ca

Guelph General Hospital
115 Delhi St.
Guelph ON N1E 4J4

Telephone: 519-837-6413
Fax: 519-766-9982
www.gghorg.ca

Louise Marshall Hospital
630 Dublin St.
Mt. Forest ON N0G 2L3

Telephone: 519-323-3333 x2253
Fax:
www.nwhealthcare.ca

Palmerston and District Hospital
500 Whites Rd.
Palmerston ON N0G 2P0

Telephone: 519-343-2030 x4245
Fax: 519-343-3821
www.nwhealthcare.ca

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 Diagnostic Imaging Department, located on the **1st Floor** of the hospital's **A Wing**, at the indicated arrival time.
- 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.
- All patients are to register in the hospital's Diagnostic Imaging Department, 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 **3rd 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 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.

