National Defence Défense nationale

WARNING

DND 4324-E - CAF X-Ray Requisition is categorized as "**CAN PROTECTED B**" information once completed.

In accordance with the National Defence Security Orders and Directives (NDSOD), Chapter 6: Security of Information and Standard 6: Security of Information Standards, DND and CAF information must be appropriately protected from unauthorized access, use, disclosure, modification, transmission, disposal or destruction throughout its lifecycle.

When completed, "**CAN PROTECTED B**" forms **MUST NOT BE SAVED UNENCRYPTED** on any network, workstation drive or storage media, and **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**.

Failure to respect these requirements is a security incident that must be reported to the local ISSO, and may result in administrative or disciplinary measures.

National Defence / Défense nationale

CAN PROTECTED B (When completed)

CAF X-Ray Requisition

Please choose a site

Priority
☐ Routine ☐ Urgent

PRI / SN	Rank	Surname	First name
DOB *(yyyy-mm-dd)*	Gender ☐ M ☐ F	Pronoun	Unit
Home phone number		Work phone number	

Demographic label here

Upper extremities			Lower extremities			Spine and Pelvis	
Finger Left	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		Toe Left	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		C-Spine	☐
Finger Right	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		Toe Right	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		T-Spine	☐
Hand	☐ L	☐ R	Foot	☐ L	☐ R	L-Spine	☐
Wrist	☐ L	☐ R	Ankle	☐ L	☐ R	Pelvis	☐
Scaphoid	☐ L	☐ R	Calcaneus	☐ L	☐ R	SI joints *(bilat)*	☐
Forearm	☐ L	☐ R	Tibia / Fibula	☐ L	☐ R	Sacrum	☐
Elbow	☐ L	☐ R	Knee	☐ L	☐ R	Coccyx	☐
Humerus	☐ L	☐ R	Patella	☐ L	☐ R	**Miscellaneous**	
Shoulder	☐ L	☐ R	Femur	☐ L	☐ R	Skeletal survey	☐
Scapula	☐ L	☐ R	Hip *(includes pelvis)*	☐ L	☐ R	Long bone survey	☐
Clavicle	☐ L	☐ R	**Head / Neck**			**Questionnaire MUST be attached**	
AC Joints	☐ L	☐ R	Facial bones *(CT preferred)*		☐	**Other not listed views / exams**	
Chest			Mandible *(CT preferred)*		☐	Specify	
Chest diagnostic		☐	Orbits *(CT preferred)*		☐		
Chest divers / Submariners		☐	Nasal bones		☐		
Ribs *(includes PA chest)*	☐ L	☐ R	Sinuses *(CT preferred)*		☐		
Abdomen			Soft tissue neck		☐		
Abdomen *(supine + erect)*		☐					
KUB *(supine)*		☐					

Not listed exams may be referred out.

Clinical Information - All Fields Mandatory

Clinical information *(Absence of clinical information will result in requisition being returned for proper completion.)*

Infection control precautions? ☐ Yes ☐ No

☐ Droplet ☐ Contact ☐ Airborne Specify: _____

For ALL females

Pregnancy? ☐ Yes ☐ No

Copies to	Date *(yyyy-mm-dd)*	Clinician signature, stamp

MRad Tech use only

Comments *(For female patients undergoing direct radiation to the abdomen or pelvis, the MRad Tech shall document indication of pregnancy status)*

Number of images

Tech initials

Shielding used ☐

Previous studies ☐ Yes ☐ No	Date of previous study *(yyyy-mm-dd)*	Order number	Date of exam *(yyyy-mm-dd)*

Formulaire disponible en français - DND 4324-F

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Design: NationalFormsServices-Servicesdeformulairesnationaux@forces.gc.ca

Canada

CAN PROTECTED B (When completed)