

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) 519-943-0980 |
| <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: _____ Email: _____	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 Central Registration, 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: 519-943-0980

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 x84401

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 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.