

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) <b>519-740-4904</b>         | <input type="checkbox"/> Louise Marshall Hospital: (LMH) <b>519-509-3884</b>     |
| <input type="checkbox"/> Grand River Hospital: (GRH) <b>519-749-4296</b>               | <input type="checkbox"/> Palmerston District Hospital: (PDH) <b>519-343-3821</b> |
| <input type="checkbox"/> Groves Memorial Community Hospital:(GMCH) <b>519-843-7637</b> | <input type="checkbox"/> St. Mary's General Hospital: (SMGH) <b>519-749-6989</b> |
| <input type="checkbox"/> Guelph General Hospital: (GGH) <b>519-766-9982</b>            |  |

<b>Patient Information</b>		<b>Other Reqs Associated to Patient?</b> <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: _____	<b>Required Patient Information:</b>		
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:

<b>Cambridge Memorial Hospital</b> 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2230 Fax: 519-740-4904 www.cmh.org	<ul style="list-style-type: none"> <li>• All patients are to register in the Diagnostic Imaging Department, located on the <b>1<sup>st</sup></b> Floor of the hospital's <b>A Wing</b>, at the indicated arrival time.</li> </ul>
<b>Grand River Hospital</b> 835 King St. W Kitchener ON N2G 1G3	Telephone: 519-749-4262 Fax: 519-749-4296 www.grhosp.on.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the Department of Medical Imaging, located on the <b>2<sup>nd</sup></b> Floor of the hospital's <b>D Wing</b>, at the indicated arrival time.</li> </ul>
<b>Groves Memorial Community Hospital</b> 235 Union St. Fergus ON N1M 1W3	Telephone: 519-843-2010 x3234 Fax: 519-843-7637 www.gmch.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.</li> </ul>
<b>Guelph General Hospital</b> 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the hospital's Diagnostic Imaging Department, located on the <b>3<sup>rd</sup></b> Floor, at the indicated arrival time.</li> </ul>
<b>Louise Marshall Hospital</b> 630 Dublin St. Mt. Forest ON N0G 2L3	Telephone: 519-323-3333 x2253 Fax: 519-509-3884 www.nwhealthcare.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the hospital's main registration located on <b>Ground Floor</b>, at the indicated arrival time.</li> </ul>
<b>Palmerston and District Hospital</b> 500 Whites Rd. Palmerston ON N0G 2P0	Telephone: 519-343-2030 x84401 Fax: 519-343-3821 www.nwhealthcare.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the hospital's main registration located on <b>Ground Floor</b>, at the indicated arrival time.</li> </ul>
<b>St. Mary's General Hospital</b> 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6990 Fax: 519-749-6989 www.smgh.ca	<ul style="list-style-type: none"> <li>• All patients are to register in the hospital's Diagnostic Imaging Department, located on the <b>1<sup>st</sup></b> Floor, at the indicated arrival time.</li> </ul>

### Exam Preparation

<b>All Sites</b>	Upper GI Series/Swallow/Small Bowel: Nothing to eat or drink from 10pm the night before the examination.
<b>Cambridge Memorial Hospital</b>	Barium Enema: Prior to exam obtain one (1) bottle (10oz) of Citromag and three (3) Dulcolax tablets from the pharmacy. <b>Two days before examination:</b> 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. <b>Day of examination:</b> Continue with clear fluids until exam complete Insulin Diabetics may have light breakfast and take their insulin
<b>Grand River Hospital</b>	Barium Enema: Bowel cleansing agent as recommended by your doctor <b>Day before the examination:</b> Clear fluids only Nothing to Eat or drink after midnight until exam is complete. Medications may be taken with a small amount of water
<b>Guelph General Hospital Louise Marshall Hospital</b>	Barium Enema: Prior to exam obtain four (4) 5mg Dulcolax and one (1) box of PICO-SALAX from the pharmacy <b>Day before the examination:</b> 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. <b>Day of examination:</b> Nothing to eat or drink on morning of examination
<b>St. Mary's Hospital</b>	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.