Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

**Diagnostic Imaging Department**

# X-Ray and Bone Density Requisition

Name: _____ M / F

Address: _____

_____

Phone: (H) _____ (W) _____

D.O.B. _____ Health Card #: _____

Unit # : _____

**Please arrive 20 minutes before your appt. Late arrival may affect or cancel your appt.**

**APPOINTMENT**

**Day** _____

**Date:** _____ / _____ / _____
Date Month Year

**Time:** _____a.m. _____ p.m.

**Appointment LOCATION**

| | | | |
|---|---|---|---|
| ☐ **Georgetown Site** | 1 Princess Anne Dr., Georgetown, ON L7G 2B8 | Phone: 905-873-0111 | Fax: 905- 873-4593 |
| ☐ **Milton Site** | 725 Bronte Street S., Milton ON L9T 9K1 | Phone: 905-876-7023 | Fax: 905-876-7003 |
| ☐ **Oakville Site** | 3001 Hospital Gate, Oakville, ON L6M 0L8 | Phone: 905-338-4604 | Fax: 905-845-9921 |

☐ **Patient agrees for Halton Healthcare Services to leave test information on home telephone. Phone #:** _____

**Clinical Notes - (must be completed or test will be delayed)** _____

## X-Ray Request (no appointment required)

**Abdomen**
- ☐ KUB
- ☐ 3 View Abdomen

**Head & Neck**
- ☐ Skull
- ☐ Facial Bones
- ☐ Nasal Bone
- ☐ Mandible
- ☐ TM Joints
- ☐ Orbits for MRI
- ☐ Soft Tissue Neck

**Chest**
- ☐ Chest
- ☐ Ribs: ☐ R ☐ L
- ☐ Sternum

**Spine and Pelvis**
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Scoliosis
- ☐ Sacrum/Coccyx
- ☐ S.I. Joints
- ☐ Pelvis
- ☐ Hip: ☐ R ☐ L

**Lower Extremities**

| | | |
|---|---|---|
| ☐ Femur | ☐ R | ☐ L |
| ☐ Knee | ☐ R | ☐ L |
| ☐ Tibia/Fibula | ☐ R | ☐ L |
| ☐ Ankle | ☐ R | ☐ L |
| ☐ Calcaneus | ☐ R | ☐ L |
| ☐ Foot | ☐ R | ☐ L |
| ☐ Toe No.____ | ☐ R | ☐ L |

**Upper Extremities**

| | | |
|---|---|---|
| ☐ AC Joints (Bilateral) | | |
| ☐ Shoulder | ☐ R | ☐ L |
| ☐ Clavicle | ☐ R | ☐ L |
| ☐ Scapula | ☐ R | ☐ L |
| ☐ Humerus | ☐ R | ☐ L |
| ☐ Elbow | ☐ R | ☐ L |
| ☐ Forearm | ☐ R | ☐ L |
| ☐ Wrist | ☐ R | ☐ L |
| ☐ Scaphoid | ☐ R | ☐ L |
| ☐ Hand | ☐ R | ☐ L |
| ☐ Thumb | ☐ R | ☐ L |
| ☐ Finger No._____ | ☐ R | ☐ L |

☐ Skeletal Survey

Other: _____

**Fluoroscopy / Gastric Procedures (by appointment only)**
- ☐ Barium Swallow (OTMH)
- ☐ UGI (OTMH)
- ☐ SBFT (OTMH)
- ☐ UGI and Follow Through (OTMH)
- ☐ Barium Enema (OTMH)
- ☐ ERCP
- ☐ Cysto (O.R.)
- ☐ Pacemaker Insertion (O.R.)
- ☐ Ortho (O.R.)
- ☐ HSG
- ☐ Other _____

Referring Physician: _____

Phone #: _____

Copy Report to: _____

Physician's Signature: _____

Date: _____

**Bone Density (by appointment only)**

For Bone Density guidelines refer to The 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada.
http://www.cmaj.ca/cgi/content/full/182/17/1864
Bone Density exams being done at a different hospital at Halton Healthcare would be a new baseline Bone Density as exam cannot be compared to previous.

- ☐ Baseline
- ☐ Low Risk
- ☐ High Risk

Previous Bone Densitometry: ☐ Yes ☐ No

Location: _____

Date _____

*H4074*