



## DIAGNOSTIC IMAGING - X-RAY

**APPOINTMENT DATE AND TIME:**

(Please provide 24 hours notice for appointment changes or cancellations)

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PATIENTS: APPOINTMENTS ARE REQUIRED FOR ALL EXAMINATIONS.**

- PLEASE SEE PROCEDURE PREPARATIONS ON THE REVERSE OF THIS PAPER.
- DO NOT WEAR SCENTED PRODUCTS ON THE DAY OF YOUR APPOINTMENT.
- WITHOUT THIS PAPER YOUR APPOINTMENT WILL NEED TO BE REBOOKED.

**HEAD**

Skull  
Facial Bones  
Paranasal Sinuses  
Mandible  
T-M Joints  
Nasal Bones

**SPINE**

Cervical Spine      Obliques  
Dorsal Spine  
Lumbar Spine      Obliques  
Sacrum  
Coccyx  
SI Joints

**THORACIC CAGE AND CONTENTS**

Neck - Soft Tissue  
Chest - 1 view  
Chest - 2 views  
Ribs                      L      R  
Sternum  
Sternoclavicular Joints

**UPPER EXTREMITIES**

Scapula                      L      R  
Clavicle                      L      R  
Shoulder                      L      R  
Humerus                      L      R  
A/C Joints                      L      R  
Elbow                      L      R  
Forearm                      L      R  
Wrist                      L      R  
Hand                      L      R  
Finger(s)                      L      R      1      2      3      4      5

**LOWER EXTREMITIES**

Pelvis  
Hip                      L      R  
Femur                      L      R  
Knee                      L      R  
Tib/Fib                      L      R  
Ankle                      L      R  
Foot                      L      R  
Toe(s)                      L      R      1      2      3      4      5  
Calcaneus                      L      R

**DIGESTIVE SYSTEM**

Scout Abdomen/KUB  
Acute Abdomen (2 views)  
BA Swallow (Esophagus)  
Upper GI Series  
Small Bowel Follow Through  
Barium Enema Double Contrast  
Barium Enema - Water Soluble

**URINARY SYSTEM**

KUB/Scout Abdomen  
Cystogram (Stress or Voiding)  
IVP

**MAMMOGRAPHY (GWM Site Only)**

Routine Screening  
Diagnostic (f/u of breast problems)

**BONE DENSITY (Smiths Falls Only)**

**OTHER** \_\_\_\_\_

CLINICAL HISTORY:



Perth and  
Smiths Falls  
District Hospital

## **DIAGNOSTIC IMAGING - X-RAY**

**PLEASE BE ON TIME FOR YOUR APPOINTMENT. IF YOU ARE LATE, YOU MAY BE REBOOKED DEPENDING ON THE WORKLOAD OF THE DAY.**

**PLEASE BRING THIS PAPER WITH YOU. WE REQUIRE IT TO PROCEED WITH YOUR EXAMINATION.**

**DO NOT WEAR SCENTED PRODUCTS ON THE DAY OF YOUR APPOINTMENT OR WE MAY NEED TO REBOOK YOU FOR ANOTHER DAY.**

## **X-RAY PATIENT PREPARATIONS**

### **BARIUM ENEMA/SMALL BOWEL FOLLOW THROUGH:**

- Your preparation starts 4 days prior to your study. Please see the preparation instructions on the [psfdh.on.ca](http://psfdh.on.ca) website or contact our department to receive faxed or mailed preparation instructions.
- On the day of the study, you may continue to take your routine oral medication with a small sip of water.

### **IVP:**

- Take three (3) Dulcolax tablets by mouth after your evening meal on the day before your examination.
- Insert one Dulcolax suppository rectally one hour before bedtime. (These Dulcolax products can be purchased from the local drugstore).
- No solid food should be eaten after your evening meal. You are encouraged to drink fluids up to the time of your appointment.

### **UPPER GI SERIES/BARIUM SWALLOW:**

- Please don't eat or drink after midnight on the night before your examination.

### **MAMMOGRAM:**

- Please do not use ANTI-PERSPIRANT, POWDER, or PERFUME on the day of the x-ray.