

DIAGNOSTIC IMAGING – X-RAY

APPOINTMENT DATE AND TIME:

(Please provide 24 hrs notice for
Appointment changes or cancellations.)

PATIENT NAME: _____

DATE OF BIRTH: _____

PATIENTS: APPOINTMENTS ARE REQUIRED FOR ALL EXAMINATIONS.

- **DO NOT WEAR SCENTED PRODUCTS ON THE DAY OF YOUR APPOINTMENT.**
- **WITHOUT THIS PAPER, YOUR APPOINTMENT WILL NEED TO BE RESCHEDULED.**

HEAD ☐ Skull ☐ Facial Bones ☐ Mandible ☐ T-M Joints ☐ Nasal Bones SPINE ☐ Cervical Spine ☐ Dorsal Spine ☐ Lumbar Spine ☐ Sacrum ☐ Coccyx ☐ SI Joints THORACIC CAGE AND CONTENTS ☐ Neck – Soft Tissue ☐ Chest – 1 view ☐ Chest – 2 views ☐ Ribs ☐ Sternum ☐ Sternoclavicular Joints UPPER EXTREMITIES <table style="width: 100%;"> <tr> <td>☐ Scapula</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Clavicle</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Shoulder</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Humerus</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ A/C Joints</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Elbow</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Forearm</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Wrist</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Hand</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Finger(s)</td> <td>L</td> <td>R</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	☐ 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 <table style="width: 100%;"> <tr> <td>☐ Pelvis</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Hip</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Femur</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Knee</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Tib/Fib</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Ankle</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Foot</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Toe(s)</td> <td>L</td> <td>R</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>☐ Calcaneus</td> <td>L</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> DIGESTIVE/URINARY SYSTEM ☐ Scout Abdomen/KUB ☐ Acute Abdomen (2 views) MAMMOGRAPHY (Perth Site only) ☐ Routine Screening ☐ Diagnostic (new breast concern) BONE DENSITY (Smiths Falls Site only) ☐ Baseline ☐ Low/Med Risk FRAX <15% 60 Months ☐ High Risk FRAX >15% 36 Months ○ Or therapy monitoring or risk for 2° osteoporosis ○ Or New fragility FX ○ Or other risk factor for rapid bone loss ☐ 1 Year Additional 12 Months ○ Cushings ○ High-dose glucocorticoids therapy >20mg OTHER	☐ 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					
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**Clinical
History:**

Physician's Signature

X-RAY PREPARATION INSTRUCTIONS

Please note your appointment date, time and **site**:

Please arrive 15 minutes prior to your appointment to register. If you are late, your appointment may be rebooked.

DO call us to provide 24 hours notice for appointment changes or cancellations.

Smiths Falls Site: 613-283-2330 ext. 1400 Great War Memorial Site: 613-267-1500 ext. 4400

Do not wear scented products on the day of your exam.

For safety reasons, young children will not be permitted in the room during your examination.

Barium Enema:

- Your preparation starts 4 days prior to your study.
- Four (4) or more days before your study, purchase the following at a drugstore:
 - 1 packet **Dulcolax** (Bisacodyl laxative) – the packet contains 5mg tablets. You will be required to take 4 tablets in total.
 - 1 box **Pico-Salax** – the box contains 2 packets. You will follow the instructions below, **not** the insert instructions.
- Three days before the examination: At 5:00pm take **2 Dulcolax** tablets (5mg each) with water
- Two days before the examination: At 5:00pm take **2 Dulcolax** tablets (5mg each) with water
- Day before the examination:
 - Diet is restricted to **clear liquids only** for the **entire day**. Clear liquids can include: apple juice, Jell-O, chicken broth, Gatorade/Powerade (clear), popsicles, water, ice, black tea or coffee, decaffeinated pop. No milk products.
 - **11:00am**: Take the 1st packet of Pico-Salax. Mix it in a 5 ounce (150mL) mug of cold water. Stir while drinking to ensure all the laxative has dissolved. Drink at least one glass of water each hour over the next three hours. Take extra clear fluids as desired. The laxative will produce at least 3-6 watery bowel movements.
 - **3:00pm**: Take the 2nd packet of Pico-Salax. Mix in a 5 ounce (150mL) mug of cold water, again stirring while drinking. Continue to drink at least a glass of water each hour over the next three hours. Take extra clear fluids if desired. There will be further watery bowel movements.
 - **After midnight**: Do not eat or drink
- **Day of the test:**
 - No breakfast. No solids or liquids (2-4 ounces of water only if desired).
 - You may continue to take your routine oral medication with a small sip of water.

Small Bowel Follow Through:

- 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
- No solid food should be eaten after your evening meal. Please continue to drink fluids up to the time of your appointment.
- Continue to take your routine medications

Upper GI Series/Barium Swallow:

- Please do **not** 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.