



SCHEDULING FORM

- Patient to call for appointment
- Schedule and notify office

- Return to ER for Follow Up
- Follow Up with Family Doctor

- Emergent – Call DI Department (x223)
- Urgent (24-48 hours) – Call Scheduling
- Routine – Call Scheduling

Decision Date: _____

Patient's Name (as it appears on Health Card): _____ M F

Patient's Height: _____ Patient's Weight: _____ Birthdate (YYYY-MMM-DD): _____

Telephone: _____ Health Card Number: _____

Ordering Physician: _____ Telephone: _____

Cc: _____ WSIB Claim: Yes No

Clinically indicated reason for exam/ History (Must be completed in full) _____

Please contact HDH's Registration/ Appointment Booking Office to book all appointments. Patients must check in at Registration/ Appointment Booking Office on the day of their appointment before going to the DI Department.

**Registration/ Appointment Booking Office: 519-364-2341 ext 260
Fax 519-364-0062**

HEAD AND NECK

- Skull
- Facial bones
- Mandible
- Neck for soft tissue
- Sinuses (use CT Requisition)

SPINE AND PELVIS

- Cervical spine
- Thoracic spine
- Lumbar sacral spine
- Scoliosis series
- Sacrum and/or coccyx
- Sacro-iliac joints
- Pelvis – single view

ULTRASOUND

- GB
- Aorta
- Renal
- Complete upper abdomen
- Pelvic
- OB (LMP _____)
- Thyroid
- Venous Doppler
- Carotid Doppler
- Arterial Doppler/ABI
- Other (specify) _____

UPPER EXTREMITIES Left Right

- Shoulder
- Clavicle
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Finger or thumb

LOWER EXTREMITIES Left Right

- Hip
- Femur
- Knee
- Tibia and fibula
- Ankle
- Heel
- Foot
- Toe

SPECIAL EXAMINATIONS Previous Breast Cancer

- Mammogram
- Breast Ultrasound (on Radiologist advice or palpable lump, mammography to be included)
- Other (specify) _____

Other Booking: _____

Signature: _____

CHEST

- Chest (PA)
- Chest (PA & LAT)
- Ribs Left Right
- Sternum

ABDOMEN

- Abdomen (Supine)
- Acute Abdomen (Supine & upright)

G.I. TRACT

- G.I./Esophagus
- Small bowel
- Barium enema

CARDIAC

- ECG

*To order an ECHO please use Echocardiography Requisition Form ID-36.

**IF THE ABOVE INFORMATION IS NOT PROVIDED,
THIS WILL RESULT IN DELAY OF APPOINTMENT SCHEDULING UNTIL COMPLETE DATA IS MADE AVAILABLE.**