Brockville General Hospital

GENERAL RADIOLOGY–FLUORO REQUISITION

PLEASE FAX COMPLETED REQ TO 613-345-8324

Phone # 613-345-5649 Ext: 51128

Last Name: ____________________ First Name: ____________________ Date of Birth: _______________

Address: ________________________________ City: _______________ Postal Code: ________________

Phone Number: _______________ Health Card #: _______________________________ VC: __________

If WSIB – Claim # __________________________ Date of Injury: __________________________________

Clinical Information:

P1: ___Emergent
P2: ___Next Day
P3: ___Within 10 days
P4: ___Elective

GENERAL RADIOLOGY

Chest	Head & Neck	Spine	Upper Extremities	Lower Extremities
☐ Chest PA & LAT	☐ Sinuses (Non OHIP)	☐ Cervical Spine	☐ L ☐ R Shoulder	☐ Pelvis
☐ Chest PA	☐ Skull	☐ Thoracic Spine	☐ L ☐ R Clavicle	☐ L ☐ R Hip
☐ Sternum	☐ Facial Bones	☐ Lumbar Sacral Spine	☐ L ☐ R AC Joints	☐ L ☐ R Femur
☐ Right Ribs/Chest PA	☐ Nose	☐ Scoliosis	☐ L ☐ R Scapula	☐ L ☐ R Knee
☐ Left Ribs/Chest PA	☐ Mandible	☐ Sacrum	☐ L ☐ R Humerus	☐ L ☐ R Tibia & Fibula
☐ S.C. Joints	☐ T.M. Joints	☐ S-I Joints	☐ L ☐ R Elbow	☐ L ☐ R Ankle
	☐ Neck for Soft Tissue	☐ Coccyx	☐ L ☐ R Forearm	☐ L ☐ R Foot
Abdomen	☐ Pre MRI Orbits		☐ L ☐ R Wrist	☐ L ☐ R Calcaneous
☐ KUB		**Skeletal Survey**	☐ L ☐ R Scaphoid	
☐ Two Views (Upright + Supine)		☐ Metastatic	☐ L ☐ R Hand	☐ L ☐ R Toes 1 2 3 4 5
☐ Acute Series		☐ Bone Age	☐ L ☐ R Fingers 1 2 3 4 5	**OTHER:**
☐ Abdomen Supine (1 View)				

FLUOROSCOPY

☐ Upper GI Series/Barium Swallow
☐ Palatalphaynrgeal Analysis (Swallowing Study with SLP)
☐ Cystogram
☐ Hysterosalpingogram (BGH Physician's ONLY)
☐ Drain/Tube Check
☐ Other: ___________________________________

Ordering Provider Name: ____________________________ (Please print)
Ordering Provider Signature: ____________________________ (Print and sign) **Date:** ________________

Physician CC: ___________________________ **Fax #**___________________________

Booking Office Use:

Date: _________________________________ **Time:** _______________ **Confirmed:** __________________