

FLUOROSCOPY REQUISITION

• PLEASE FAX COMPLETED **FLUORO** REQUISITION TO **(855) 597-8505**
As of October 2025

PATIENT INFORMATION					
Last Name	First Name	Date of Birth	YYYY	MM	DD
Address		City	Postal Code		
Phone	E-mail Address	Health Card Number	Ver Code		

If WSIB – Claim # _____ Date of Injury (YYYY/MM/DD): ____/____/____

CLINICAL INFORMATION
<input type="checkbox"/> Emergent <input type="checkbox"/> Next Day <input type="checkbox"/> Within 10 Days <input type="checkbox"/> Elective

FLUOROSCOPY
<input type="checkbox"/> Upper GI Series/Barium Swallow <input type="checkbox"/> Cystogram <input type="checkbox"/> Hysterosalpingo-gram (BGH Physicians ONLY) <input type="checkbox"/> Drain/Tube Check OTHER: <input type="checkbox"/> Palatopharyngeal Analysis/Videofluoroscopic Swallow Study (VFSS) *NOT TO BE ORDERED FOR ASSESSING ESOPHAGEAL OR GASTRIC DYSFUNCTION

REFERRAL INFORMATION
Reason for Referral: <input type="checkbox"/> Suspected/Confirmed Aspiration and/or aspiration pneumonia <input type="checkbox"/> Previous dysphagia assessment/treatment <input type="checkbox"/> Reduced Nutrition, hydration and/or weight loss <input type="checkbox"/> Other (Please Specify in Clinical Information)
Severity of Dysphagia: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Onset of Symptoms _____
Current Nutrition: <input type="checkbox"/> NPO with G-Tube <input type="checkbox"/> Regular Diet Texture <input type="checkbox"/> Modified Diet Texture <input type="checkbox"/> Other - Please Specify: _____
Recent Consultation/Investigation

CLINICIAN INFORMATION	
Date of the Request (YYYY/MM/DD): ____/____/____	
Requesting Clinician Name (PRINT First and Last Name) <div style="float: right;">Clinician Fax Number</div>	
Clinician Signature <div style="float: right;">Clinician Phone Number</div>	
REQUISITIONS WITHOUT A LEGIBLE NAME, SIGNATURE AND FAX NUMBER WILL BE RETURNED, WHICH MAY CAUSE DELAYS IN PATIENT CARE	
Copy Report to (PRINT First and Last Name)	Copy to Fax Number

DEPARTMENT USE ONLY
Appointment Date (YYYY/MM/DD): ____/____/____ Time (hours): _____