



KINGSTON
GENERAL
HOSPITAL



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

Fax: 613-548-2413
Tel: 613-548-2301
www.kgh.on.ca

Fax: 613-544-6505
Tel: 613-544-3400 ext. 3020
www.hoteldieu.com

IMAGING SERVICES REQUISITION

GENERAL RADIOLOGY, ULTRASOUND & NUCLEAR MEDICINE

Do Not Use For Breast Imaging

INPATIENT Service: _____

Floor _____ Room # _____ ER _____

Portable Stretcher Wheelchair Walk O₂

Isolation: No Yes/type _____

OUTPATIENT

Clinic CCSEO ER/UCC Other _____

Isolation: No Yes/type _____

Consultation only: Research:

Department of Veterans Affairs ID # _____

WSIB #: _____ Injury Date _____

Employer: _____

Employer Address: _____

CR#:: _____ Female Male

Surname: _____

First Name: _____

Date of Birth: _____

Address: _____

Phone #: (H) _____ (W) _____

Health Card # _____

PLEASE WRITE OR PRINT LEGIBLY

INCOMPLETE or ILLEGIBLE requisitions will be returned and may DELAY Study

Examination Requested

Study Type: X-ray Ultrasound Nuclear Medicine

1. _____

2. _____

3. _____

4. _____

5. _____

Previous films/location: _____

Adverse Reaction: Yes/type _____ No

LMP(YYYY/MM/DD) _____

Is patient able to give informed consent No Yes

Diabetes No Yes - If yes, Insulin Dependent No Yes

Clinical History/Diagnosis

Ordering Physician Signature: _____

Printed Name & First Initial: _____

Ordering Physician phone/pager #: _____

Attending Physician: _____

Copy Report to: _____

(please print name and first initial)

Date requisition complete _____

YYYY/MM/DD

Ultrasound – Instructions for Imaging Use Only

Priority/Protocol _____

Nuclear Medicine – Instructions for Imaging Use Only

Coding: _____

Signature of Radiologist/Resident: _____