

**GENERAL X-RAY, ULTRASOUND,
NUCLEAR MEDICINE, FLUOROSCOPY,
MAMMOGRAPHY, BONE MINERAL DENSITOMETRY**

St. Joseph's Health Centre
Diagnostic Imaging Department
30 The Queensway, Toronto ON

Bookings Only: 416-530-6169
General Calls: 416-530-6001
Fax Line: 416-530-6060

Name: _____

Male Female

MRN : _____

DOB: _____

Address: _____

Telephone: _____

OHIP #: _____

INCOMPLETE FORMS WILL BE RETURNED AND NOT PROCESSED

EXAMINATION(S) REQUESTED STAT/TODAY URGENT ROUTINE PORTABLE

General X-ray: _____ Ultrasound: _____

Nuclear Medicine: _____ GI/GU/Fluoroscopy: _____

Mammography: _____

Bone Mineral Density: High Risk Low Risk Baseline

Current Patient Location: Outpatient Clinic/ACC Emergency Inpatient

Study to be Done as: Outpatient Inpatient

WSIB/Third Party Claim Number: _____

CLINICAL HISTORY Isolation Precautions: N/A Contact Droplet Airborne Reverse

ADDITIONAL INFORMATION

Date of Last Menstrual Period: _____ N/A

Falls Risk Lifting Device Required Patient with Restraints (must be accompanied)

Does Patient Consent to Appointment Information Being Disclosed in a Telephone Message? Yes No

Is Patient Able to Come in on Short Notice? Yes No

Contact Telephone Number (if different from above): _____

REQUESTING PHYSICIAN

Address: _____ City: _____ Postal Code: _____

Telephone Number: _____ Fax: _____

Copy to: _____ MD (Physician's Printed Name)

DATE/TIME

SIGNATURE

PRINT NAME

DD / Month / YYYY ____:____h