HMC
BURNABY URGENT CARE & MEDICAL IMAGING

SHARE

DIAGNOSTIC IMAGING /CARDIOLOGICAL TESTING REQUISITION FORM

Fax this form and any screening/consent forms to 441-232-0042 or scan and email to: imaging@hmc.bm

Physical Address: 10/12 Burnaby Street, City of Hamilton HM11 Bermuda

Patient Name _____ **DOB** (DD/MM/YYYY) _____ **Date** _____

Cell Phone _____ **Work Phone** _____ **Email** _____

Ordering physician _____ **Copy To:** _____ **Insurance Company** _____

Policy # _____ **Cert #** _____ **Diagnosis & ICD10** _____

History & Symptoms: _____

MRI Date & Value of Last

Creatinine *(must be within 30 days of scan)*

_____

- ☐ Brain
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pancreas
- ☐ Liver
- ☐ Prostate
- ☐ Pelvis
- ☐ IAM's
- ☐ IAC's
- ☐ TMJ
- ☐ Orbits
- ☐ Sinuses
- ☐ Other

_____

MR Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

MR Musculoskeletal R L

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Finger Digit 1, 2 ,3 ,4 ,5 ?
- ☐ Hip
- ☐ Knee
- ☐ Ankle
- ☐ Foot
- ☐ Other_____

MR Angiogram

- ☐ Brain
- ☐ Neck
- ☐ Thoracic
- ☐ Abdomen
- ☐ Renal
- ☐ Upper Ext. R L
- ☐ Lower Ext. w/ Run-off R L
- ☐ Other_____

CT Scan Date and value of last

Creatinine *(must be within 30 days of scan)*

_____

- ☐ Brain
- ☐ Orbits
- ☐ Sinuses
- ☐ Nasal Bones
- ☐ Facial Bones
- ☐ Soft Tissue Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdo/Pelvis
- ☐ Chest/Abdo/Pelvis

CT Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacral
- ☐ Other_____

CT Angiography

- ☐ Head
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Aorta (Run -off)
- ☐ Upper Extremity R L
- ☐ Lower Extremity R L with Run-Off
- ☐ Other_____

PROCEDURE INSTRUCTIONS

MRI - Avoid wearing jewelry or hairpins

MRI & CT - All Patients need a current creatine level. Ask your doctor or HMC if you need to fast before your procedure.

Ultrasound - ***Abdomen*** - nothing to eat or drink from 8 hours prior. ***Obstetric or Pelvic*** **-** Drink 32 ounces of water 1 hour prior and do not empty your bladder.

Mammography - Wear a 2-piece outfit. Do not wear powder, lotion or deodorant near the breast area.

Bone Densitometry - No vitamins or supplement for 24 hours prior

X-Ray

- ☐ Immigration Chest (PA only)
- ☐ Chest AP/PA/Lateral
- ☐ Abdomen Supine
- ☐ Abdomen Supine & Upright
- ☐ Pelvis
- ☐ Ribs R L
- ☐ Sternum
- ☐ Clavicle R L
- ☐ Sternoclavicular Joints
- ☐ AC Joints

Xray Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/Coccyx

Xray Extremities

- ☐ Upper Limb R L
- ☐ Shoulder
- ☐ Scapula
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingers digit 1 2 3 4 5?

Lower Limb R L

- ☐ Femur
- ☐ Hip
- ☐ Knee
- ☐ Tibia/Fibula
- ☐ Ankle
- ☐ Heel
- ☐ Foot
- ☐ Toe digit 1 2 3 4 5 ?
- ☐ Other _____

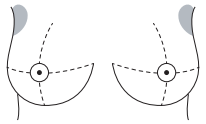
Ultrasound Imaging

- ☐ Abdomen Complete
- ☐ Abdomen Limited
- ☐ Aorta
- ☐ Thyroid
- ☐ Breast R L
- ☐ Retroperitoneal (Kidney, Ureter, Bladder)
- ☐ Bladder
- ☐ Bladder Prostate Transabdominal
- ☐ Prostate Transrectal
- ☐ Pelvic Transabdominal
- ☐ Pelvic Transvaginal
- ☐ Groin (hernia?)
- ☐ Scrotum
- ☐ Soft Tissue_____
- ☐ OB Dating
- ☐ OB T1, T2, T3
- ☐ Other _____

Vascular

- ☐ Carotid Doppler
- ☐ Renal Arterial Doppler
- ☐ Aortic Doppler
- ☐ Venous Doppler Upper/ Lower/ R L

Mammography



- ☐ Mammogram Screening 2D/3D
- ☐ Mammogram Diagnostic R L 2D/3D

Bone Densitometry

- ☐ Bone Density (iDXA)
- ☐ Body Composition Study

Cardiology

- ☐ ECG
- ☐ Exercise ECG
- ☐ 24 hr Blood Pressure monitor