

Other_

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	Сору То:		Insurance Company	
Policy #	Cert #	Diagnosis & ICD10		
History & Symptoms:				
MRI Date & Value of Last	CT Scan Date and value of last	X-Ray	Ultrasound Imaging	
Creatinine (must be within 90 days of scan)	Creatinine (must be within 90 days of scan)	☐ Immigration Chest (PA only) ☐ Chest AP/PA/Lateral	☐ Abdomen Complete ☐ Abdomen Limited	
☐ Brain	Brain	☐ Abdomen Supine	☐ Aorta	
☐ Neck	☐ Orbits	☐ Abdomen Supine & Upright	☐ Thyroid	
☐ Chest	Sinuses	☐ Pelvis	☐ Breast R L	
Abdomen	☐ Nasal Bones	☐ Ribs R L	Retroperitoneal (Kidney, Ureter, Bladder)	
☐ Pancreas	☐ Facial Bones	☐ Sternum	Bladder	
Liver	Soft Tissue Neck	☐ Clavicle R L	☐ Bladder Prostate Transabdominal	
☐ Prostate	☐ Chest	Sternoclavicular Joints	☐ Prostate Transrectal	
Pelvis	Abdomen	☐ AC Joints	Pelvic Transabdominal	
☐ IAM's	☐ Pelvis		Pelvic Transvaginal	
☐ IAC's	☐ Abdo/Pelvis	Xray Spine	☐ Groin (hernia?)	
□TMJ	☐ Chest/Abdo/Pelvis	☐ Cervical	☐ Scrotum	
Orbits		☐ Thoracic	Soft Tissue	
Sinuses	CT Spine	Lumbar	☐ OB Dating	
Other	☐ Cervical	☐ Sacrum/Coccyx	☐ OB T1, T2, T3	
	☐ Thoracic		Other	
	☐ Lumbar	Xray Extremities		
MR Spine	☐ Sacral	Upper Limb R L	Vascular	
Cervical	Other	Shoulder	☐ Carotid Doppler	
Thoracic		Scapula		
	CT Angiography	Humerus	Renal Arterial Doppler	
Lumbar			Aortic Doppler	
	☐ Head	Elbow	☐ Venous Doppler Upper/ Lower/ R L	
MR Musculoskeletal R L	☐ Neck	Forearm		
Shoulder	Chest	Wrist	Mammography	
☐ Elbow	Abdomen	Hand		
☐ Wrist	Aorta (Run -off)	Fingers digit 1 2 3 4 5?		
Hand	Upper Extremity R L			
Finger Digit 1, 2 ,3 ,4 ,5 ?	Lower Extremity R L with Run-Off	Lower Limb R L		
Hip	Other	☐ Femur		
☐ Knee		☐ Hip	☐ Mammogram Screening 2D/3D	
☐ Ankle	PROCEDURE INSTRUCTIONS	☐ Knee	☐ Mammogram Diagnostic R L 2D/3D	
Foot	MRI - Avoid wearing jewelry or hairpins	☐ Tibia/Fibula		
Other	MRI & CT - All Patients need a current	☐ Ankle	Bone Densitometry	
	creatine level. Ask your doctor or HMC if	☐ Heel	☐ Bone Density (iDXA)	
MR Angiogram	you need to fast before your procedure.	☐ Foot	☐ Body Composition Study	
☐ Brain	Ultrasound - Abdomen - nothing to eat	☐ Toe digit 1 2 3 4 5 ?		
□ Neck	or drink from 8 hours prior. <i>Obstetric or</i>	Other	Cardiology	
☐ Thoracic	Pelvic - Drink 32 ounces of water 1 hour prior and do not empty your bladder.		ECG	
Abdomen	Mammography - Wear a 2-piece outfit.		Exercise ECG	
Renal	Do not wear powder, lotion or deodorant		24 hr Blood Pressure monitor	
Upper Ext. R L	near the breast area.			
Lower Ext. w/ Run-off R L	Bone Densitometry - No vitamins or			

supplement for 24 hours prior