Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

Diagnostic Imaging/Outpatient Department

Fracture/Plastics Clinic Requisition

Please remember to book a follow-up appointment before leaving the Hospital

APPOINTMENT

Date: _____ / _____ / _____
Date Month Year

Check-in Time: _____

Reason for Visit
- ❒ X-Ray Upon Arrival
- ❒ Cast OFF → ❒ X-Ray
- ❒ Consultation
- ❒ Exam Only

Clinical Information
- ❒ OA
- ❒ Fracture
- ❒ Post Op (_____Weeks)

_____

_____

Weeks 1 2 3 4 5 6 7 8 9 10 11 12

Knee
❒ Pre-OP Marker

L	R		
❒	❒	Standing AP	❒ Leg Length Series
❒	❒	Lateral	
❒	❒	Skyline	
❒	❒	AP (Non WB)	
❒	❒	Tunnel	
❒	❒	Oblique Views (x 2)	
❒	❒	Patellar Views (20, 40, 60 DEG)	
❒	❒	Other: _____	

Lower Extremity

L	R	
❒	❒	Femur (AP, LAT)
❒	❒	Tib/Fib (AP, LAT)
❒	❒	Ankle (AP, MORTISE, LAT)
❒	❒	Foot (AP, OBL, LAT)
❒	❒	Calcaneus (AXIAL, LAT)
❒	❒	Toe (PA, OBL, LAT) - Digit: _____
❒	❒	Other: _____

Pelvis / Hip
❒ Pre-OP Marker

L	R		
❒	❒	AP Hip	❒ Leg Length Series
❒	❒	Lateral Hip	
	❒	AP Pelvis	
	❒	Inlet / Outlet	
	❒	Judet Views	
	❒	SI Joints	
	❒	Other: _____	

Spine
- ❒ C-Spine
- ❒ T-Spine
- ❒ L-Spine
- ❒ Sacrum / Coccyx

Other: _____

Skull / Facial Bones
- ❒ Skull
- ❒ Facial Bones
- ❒ Mandible
- ❒ Nasal Bones
- ❒ Sinuses

Upper Extremity

L	R	
❒	❒	Shoulder (❒ AP ❒ Axilllary ❒ Transcapular Y)
❒	❒	Scapula (AP, LAT)
❒	❒	Clavicle (AP, AXIAL)
❒	❒	AC Joints
❒	❒	Humerus (AP, LAT)
❒	❒	Elbow (AP, LAT)
❒	❒	Radial Head Views
❒	❒	Forearm (AP, LAT)
❒	❒	Wrist (PA, LAT)
❒	❒	Scaphoid Views
❒	❒	Hand (PA, OBL, LAT)
❒	❒	Finger (PA, OBL, LAT) - Digit: _____
❒	❒	Other: _____

Bone Density
For Bone Density guidelines, refer to The 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada. http://www.cmaj.ca/cgi/content/full/182/17/1864

❒ Baseline ❒ Low Risk ❒ High Risk

Previous Bone Densitometry: ❒ Yes ❒ No

Location: _____ Date: _____

Physician Signature:

_____

Physician Name (please print):

_____

Copies to: _____

Date: _____ Check if Emergent ❒

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