WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

GASTRIC / SPECIAL PROCEDURES REQUISITION

Fax Requests to:
Phone: (519) 254-1727 Fax: (519) 255-2125

INCOMPLETE REQUESTS WILL BE RETURNED - Resulting in Delay or Cancellation of the Procedure

Patient Information (Please Print)

Name: ______________________ Date of Birth (D/M/Y): ______________ Sex: ❐M ❐F

Address: ______________________ WSIB: ______________ Patient's Weight: _______ lbs _______ Kgs

Primary Contact # ( ) ______________ Secondary # ( ) ______________ Patient's Height: ________ ft ________ in

Health Card #: ______________ Version ________ Patient arriving from external healthcare facility: ❐Y ❐N

CLINICAL INFORMATION:

G.I. EXAMS

❐ U.G.I - See Prep Instructions
❐ U.G.I & Small Bowel Only
❐ Small Bowel Only
❐ Barium Swallow - Esophagus
❐ Gastrograffin Enema
❐ Barium Enema

Other: ______________________

SPECIAL PROCEDURES (PLEASE CHECK IF APPLICABLE)

❐ Implanted Venous Access Port
  ❐ Single ❐ Double ❐ Triple

❐ PICC Line
  1st dose IV required? ❐ Y ❐ N
  Specify medication ______________

❐ G-Tube Insertion
❐ G-Tube Re-Insertion
❐ G-Tube Check
❐ G-J Tube Insertion
❐ G-J Tube Re-Insertion
❐ G-J Tube Check
❐ Nephrostomy Tube

❐ Chest Fluoro
❐ Other: ______________

❐ Loopogram
❐ Nephrostogram
❐ Siaglogram: Indicate duct and side______________
❐ Sinogram / Fistulogram: (location) ______________
❐ Urethrogram
❐ Arthrogram ❐ R ❐ L
❐ Myelogram Specify Level: ______________
❐ Cystogram
  Is patient catheterized? ❐ Y ❐ N
❐ Voiding Cystogram
  Is patient catheterized? ❐ Y ❐ N

❐ Facet Injections ❐ R ❐ L ❐ BIL
  Specify Levels: ______________
❐ Shoulder Injection ❐ R ❐ L
❐ Hip Injection ❐ R ❐ L
❐ Epidural Injection
❐ Rhizotomy
❐ Nerve Block

Allergies to contrast (dye) ❐ Y ❐ N

Can patient sign consent form? ❐ Y ❐ N

Patient taking Anticoagulants ❐ Y ❐ N

Why: Cardiac, DVT, Other ______________

Print Referring Physician______________ Fax Number:______________

Referring Physician Signature:______________

Physicians who require copy of report:______________

APPOINTMENT:

DATE: ______________ **TIME:** ________ **CAMPUS:** ______________