



BRANT COMMUNITY HEALTHCARE SYSTEM

X-RAY & GASTRIC EXAM REQUISITION

200 Terrace Hill St., Brantford ON N3R 1G9
 BGH Ph: 519-751-5599 Fax: 519-751-5573
 Willett Ph: 519-442-2251 Fax: 519-442-5172

For Office Use Only:
 Appointment Date/Time:

REFERRING CLINICIAN INFORMATION		PATIENT INFORMATION	
Name:		Health Card	Version
OHIP Billing Number:		DOB	Sex
Address		First Name:	Last Name:
City/Prov:	Postal Code:	City/Province:	Postal Code:
Phone:	Fax:	Phone Number:	Secondary Phone Number:
Signature:		WSIB Claim #:	Secondary Insurance:
Copies to:		Patient Height:	Patient Weight:

Does Patient Require Assistance? ☐ Mechanical Lift ☐ Wheelchair ☐ Language Interpreter - Specify:

BGH X Ray Hours: Monday to Friday 08:00 19:00, Weekends and Holidays 08:00 15:00

Willett X Ray Hours Monday to Friday 09:00 20:30, Weekends 10:00 17:30

***Exams at BGH Site Only**

Head and Neck	Upper Extremities	Lower Extremities
☐ Adenoids ☐ Facial Bones ☐ Mandible ☐ Mastoids ☐ Nasal Bones ☐ Orbits ☐ Skull ☐ Soft tissue of Neck ☐ TMJ's	☐ L ☐ R A.C. Joints ☐ L ☐ R Clavicle ☐ L ☐ R Elbow ☐ L ☐ R Finger ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ L ☐ R Forearm ☐ L ☐ R Hand ☐ L ☐ R Humerus ☐ L ☐ R Scaphoid ☐ L ☐ R Scapula ☐ L ☐ R Shoulder ☐ L ☐ R Wrist	☐ L ☐ R Ankle ☐ L ☐ R Calcaneus ☐ L ☐ R Femur ☐ L ☐ R Foot ☐ L ☐ R Hip ☐ L ☐ R Knee ☐ L ☐ R Tibia/Fibula ☐ L ☐ R Toe ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Orthoroentgenogram (leg length)*
Chest	Spine and Pelvis	Gastric Studies (Appointment Required)
☐ Chest (PA/LAT) ☐ Ribs ☐ Sternum ☐ Sternoclavicular Joints	☐ Cervical ☐ Dorsal/Thoracic ☐ Lumbar ☐ Sacrum and Coccyx ☐ Sacroiliac Joints ☐ Scoliosis * ☐ AP Pelvis	☐ Barium Enema * ☐ Barium Swallow * ☐ Small Bowel (SBFT) * ☐ Upper GI *
Abdomen		
☐ KUB (1 view) ☐ Acute (3 views)		

CLINICAL HISTORY: REASON FOR ORDER

Previous Surgeries:

Related Previous Imaging: ☐ Yes ☐ No If yes, Where:

Please attach previous if not completed at BGH.

Please include all relevant patient history including previous reports or consult notes as appropriate.