

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Phone #: _____	

Diagnostic Imaging - FAX: 905-830-5966

Ultrasound Requisition

 OUT-PATIENT IN-PATIENT ED PATIENT ED CALLBACK

FOR OFFICE USE ONLY: <input type="checkbox"/> Southlake Regional Health Centre - Main Site <input type="checkbox"/> Medical Arts Building <input type="checkbox"/> Georgina Health Centre			
Patient Name: <i>(print first, last)</i>		Appointment Date: <u>dd</u> / <u>mm</u> / <u>yy</u>	
Address: Street Number + Name Apartment		Appointment Time:	
City Province Postal Code		Arrival Time:	
Health Card Number:		Version Code:	
Other Insurance:		WSIB Number:	
Home: ()		Work/Other: ()	
Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>		Hospital Record #:	
Patient Weight: _____ kg			
Patient not available: From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u> Reason:			

RELEVANT CLINICAL INFORMATION: *(must be provided and please be specific)*
PLEASE CHECK (✓) PROCEDURE REQUESTED. See Patient Preparation on Reverse
ABDOMEN/PELVIC

- Kidneys
- Kidneys/Bladder
- Appendix
- Upper Abdomen
- Female Pelvis/Endovaginal
- Male Pelvis (Pre & Post Void/Prostate)

OBSTETRICAL

- 1st Trimester
- NT (11-13+6 weeks). Bring blood requisition
- Routine Anatomy (18-20 weeks)
- Biophysical Profile (>30 weeks)
- Twins

VASCULAR

- Carotid Doppler
- Venous Leg(s) Right Left Both
- Arterial Leg(s) Right Left Both
- Venous Arm(s) Right Left Both
- Arterial Arm(s) Right Left Both
- Vein Mapping

OTHER

- Face/Neck/Thyroid
- Thyroid biopsy
- Scrotum
- Shoulder(s) Right Left Both
- Muskuloskeletal (specify above)
- Baby Hips
- Baby Head
- Soft Tissue (specify above)
- Thorax/Pleural Space - for marking
- Paracentesis marking

Breast: *(use Medical Arts Building Diagnostic Imaging Requisition SL0002)*

**PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.
 PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS.**

Referring Physician: <i>(print first, last)</i>	CPSO #	Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Signature:	Office Phone: ()	
Address:	Fax Number: ()	

Diagnostic Imaging

Patient Preparation and Information**PATIENT PREPARATION:** **Obstetrical/Pelvic Examinations:**

A **full** bladder is required for this examination. **Finish drinking 4 large glasses** (32 oz/950ml) of clear fluid (water, coffee, juice, tea – no milk) **1 hour before** your appointment time. **Do Not Void** until after the examination is finished. This examination usually takes 30 minutes.

 Upper Abdomen Examination: (Liver, Pancreas, Gall bladder, Kidneys, Spleen, Aorta, Biliary Tree, Lymph Nodes)

Please **do not eat or drink** for 8 hours before your appointment time. You may take your medication with water. This examination usually takes 30 minutes. For children under 6 years of age: no preparation required.

Combination Examinations: **Upper Abdomen + Pelvis/Obstetrical**

A **full** bladder is required for this examination. Please **do not eat** for 8 hours before your appointment. **Finish drinking 4 large glasses** (32 oz/950ml) of clear fluid (water, coffee, juice, tea – no milk) **1 hour before** your appointment time. **Do Not Void** until after the examination is finished. The entire examination usually takes 45 minutes.

Other Ultrasound and Vascular Examinations: **Face/Neck/Thyroid, Scrotum, Extremity, Thorax/Pleural Space, Breast, Infant Head, Venous Doppler, Arterial Leg Doppler, Arterial Arm Doppler, Vein Mapping, Carotid Doppler, Shoulder and MSK Ultrasounds**

No preparation required.

PATIENT INFORMATION:

- **Bring your Ontario Health Card.**
- **Bring this requisition. Diagnostic Imaging cannot perform any procedures without a requisition signed by a Physician or Nurse Practitioner.**
- Upon arrival you are required to register for your appointment at one of our Welcome Centres or Self-Serve Kiosks.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.