SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: dd / mm / yy

Ultrasound Requisition

Please fax to (905) 830-5966

Patient Name: *(print first, last)*		**Date of Birth:** dd / mm / yy
Address: Street Number + Name Apartment		**Patient Weight:** _____ **kg**
City Province Postal Code		**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ☐ Text ☐ Email (for patient privacy information see the next page)

Patient not available: From: dd / mm / yy To: dd / mm / yy

Hoyer Lift Required? ☐ Yes ☐ No **Patient arriving by Ambulance Transfer?** ☐ Yes ☐ No

Clinical Question and Relevant Clinical Information:
(must be provided and please be specific)

EXAM REQUIRED *(check all that apply)*

Abdomen/Pevis
- ☐ Complete Abdomen
- ☐ Kidney(s)
- ☐ Kidney(s)/Ureters/Bladder
- ☐ Appendix
- ☐ Complete Pelvis
- ☐ Complete Pelvis and Transvaginal
- ☐ Pelvis (pre and post void/prostate)
- ☐ Paracentesis Marking

Vascular
- ☐ Renal Artery Doppler
- ☐ Carotid Doppler
- ☐ Portal Hepatic Vein Doppler
- ☐ Vein Mapping

General
- ☐ Thyroid
- ☐ Face/Neck
- ☐ Thorax/Pleural Space
- ☐ Testicles/Scrotum
- ☐ Soft Tissue (Specify):
- ☐ Baby Head
- ☐ Baby Hips

Groin:
☐ Rt ☐ Lt ☐ Bilat

Obstetrical
- ☐ 1st Trimester
- ☐ NT (11-13+6 weeks), bring blood requisition
- ☐ Routine Anatomy (18-20 weeks)
- ☐ Biophysical Profile (>30 weeks)
- ☐ Twins

Musculoskeletal

Shoulder	☐ Rt	☐ Lt	☐ Bilat
Elbow	☐ Rt	☐ Lt	☐ Bilat
Hamstrings	☐ Rt	☐ Lt	☐ Bilat
Knee	☐ Rt	☐ Lt	☐ Bilat
Foot	☐ Rt	☐ Lt	☐ Bilat
Achilles Tendon	☐ Rt	☐ Lt	☐ Bilat
Bicep Tendon	☐ Rt	☐ Lt	☐ Bilat
Ankle	☐ Rt	☐ Lt	☐ Bilat
Hand	☐ Rt	☐ Lt	☐ Bilat
Wrist	☐ Rt	☐ Lt	☐ Bilat

☐ Finger (specify):

Biopsy
- ☐ Thyroid FNA (Biopsy)
- ☐ Biopsy (specify):

Other Request *(not listed above)*
Specify:

*__Breast__ (use Medical Arts Building Diagnostic Imaging Requisition)

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

Referring Physician: *(print first, last):* _____ Signature _____ Date dd / mm / yy

SU/S

SL0454B_01 (11/24) "Diagnostic Imaging" Review (11/27)

SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-830-5966
southlake.ca

Diagnostic Imaging

Ultrasound 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:**
No preparation required.

PRIVACY POLICY DOCUMENTATION
via QR code link below or via Southlake's privacy office webpage

SL0454B_01 (11/24) "Diagnostic Imaging" Review (11/27)