

Referring Physician: (print first, last): \_\_\_\_\_  
 CPSO# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Date: dd / mm / yy

## Ultrasound Requisition

**Please fax to (905) 830-5966**

<b>Patient Name:</b> (print first, last) _____		<b>Date of Birth:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>
<b>Address:</b>	Street Number + Name _____	Apartment _____
	City _____	Province _____ Postal Code _____
<b>Health Card Number:</b> _____	<b>Version Code:</b> _____	<b>Patient Weight:</b> _____ kg
<b>Other Insurance:</b> _____	<b>Email:</b> _____	<b>Cell:</b> ( ) _____
<b>Home:</b> ( ) _____		
<b>Patient DOES NOT consent to be contacted via:</b> <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)		
<b>Patient not available:</b> From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u>		
<b>Hoyer Lift Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Patient arriving by Ambulance Transfer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Clinical Question and Relevant Clinical Information:**

(must be provided and please be specific)

**EXAM REQUIRED (check all that apply)**

<b>Abdomen/Pevis</b> <input type="checkbox"/> Complete Abdomen <input type="checkbox"/> Kidney(s) <input type="checkbox"/> Kidney(s)/Ureters/Bladder <input type="checkbox"/> Appendix <input type="checkbox"/> Complete Pelvis <input type="checkbox"/> Complete Pelvis and Transvaginal <input type="checkbox"/> Pelvis (pre and post void/prostate) <input type="checkbox"/> Paracentesis Marking	<b>General</b> <input type="checkbox"/> Thyroid <input type="checkbox"/> Face/Neck <input type="checkbox"/> Thorax/Pleural Space <input type="checkbox"/> Testicles/Scrotum <input type="checkbox"/> Soft Tissue (Specify): <input type="checkbox"/> Baby Head <input type="checkbox"/> Baby Hips <b>Groin:</b> <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat	<b>Musculoskeletal</b> Shoulder <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Elbow <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Hamstrings <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Knee <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Foot <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Achilles Tendon <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Bicep Tendon <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Ankle <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Hand <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat Wrist <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="checkbox"/> Finger (specify): _____
<b>Vascular</b> <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Portal Hepatic Vein Doppler <input type="checkbox"/> Vein Mapping	<b>Obstetrical</b> <input type="checkbox"/> 1st Trimester <input type="checkbox"/> NT (11-13+6 weeks), bring blood requisition <input type="checkbox"/> Routine Anatomy (18-20 weeks) <input type="checkbox"/> Biophysical Profile (>30 weeks) <input type="checkbox"/> Twins	<b>Biopsy</b> <input type="checkbox"/> Thyroid FNA (Biopsy) <input type="checkbox"/> 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**



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