

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

<b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> Southlake Regional Health Centre - Main Site <input type="checkbox"/> Medical Arts Building <input type="checkbox"/> Georgina Health Centre			
<b>Patient Name:</b> <i>(print first, last)</i> _____		<b>Appointment Date:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>	
<b>Address:</b> _____		<b>Appointment Time:</b> _____	
City _____	Province _____	Postal Code _____	<b>Arrival Time:</b> _____
<b>Health Card Number:</b> _____		<b>Version Code:</b> _____	<b>Hospital Record #:</b> _____
<b>Other Insurance:</b> _____		<b>WSIB Number:</b> _____	<b>Date of Birth:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>
<b>Home:</b> (   )		<b>Work/Other:</b> (   )	<b>Patient Weight:</b> _____ kg
<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> 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.**

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

## 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.