

Satellite X-Ray and Ultrasound Clinic Georgina Health Centre 716 The Queensway South Keswick ON, L4P 4C9

		REGIONAL HEALTH CENTRE		
lealth Record #:		Complete or place barcoded		
atient Name: (Print first, last)		patient	patient label here	
оов: <u>dd / mm / уу</u>	Age:	🗆 Female	🗆 Male	
HIP #:	Version (Code:		

Radiography and Ultrasound Imaging Requisition

(see location map on reverse)

SOUTHLAKE

Patient Name: (print first, last)			Appointment Date:dd/mm _/yy				
Address: Street Number + Nam	le	Apartment	Appointment Time:				
City Prov	vince	Postal Code	Arrival Time:				
Health Card Number:		Version Code:	Hospital Record #:				
Other Insurance:	WSIB Number:	I	Date of Birth: dd / mm / yy				
Home: ()	Work/Other: ()		Patient Weight: kg				
Patient not available: From: <u>dd / mm / yy</u> To: <u>dd / mm / yy</u> Reason:							
RADIOGRAPHY							
Exam(s) Requested: (all parts to be examined)							
RELEVANT CLINICAL INFORMATION: (must be provided and please be specific)							
Pregnant: Yes No LMP:dd /_mm /yy							
ULTRASOUND							
PLEASE CHECK () PROCEDURE REQUESTED:							
ABDOMEN/PELVIC		OBSTETRICAL					
Abdomen		Dating					
Female Pelvis/Endovaginal		Uiability					
Male Pelvis (Pre & Post Void/Prostate)							
		Routine Anatomy (1	8-20 weeks)				
OTHER	Obstetrical						
Thyroid		Biophysical Profile (>30 weeks)					
Scrotum		Twins					
Soft Tissue		🖬 Endovaginal (e.g. C	ervical length)				
RELEVANT CLINICAL INFORMATION: (must be provided and	please be specific)						
,	. , ,						

Phone #:

Please fax completed and signed requisition to 905-535-1429

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

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







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Patient Preparation and Information

The following ultrasound exams are done at Southlake Regional Health Centre:

Arterial Arm Doppler, Arterial Leg Doppler, Breast, Carotid Doppler, Infant Head, MSK, and Shoulder.

To book an appointment at Southlake Regional Health Centre, fax completed requisitions to 905-830-5966.

PATIENT PREPARATION:

Obstetrical/Pelvic Examinations:

A <u>full</u> bladder is required for this examination. **Finish drinking 4 large glasses** (32 oz/950ml) of clear fluid (water, coffee, juice, tea – no milk) <u>**1 hour before**</u> 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 <u>do not eat or drink</u> for 12 hours before your appointment time. This examination usually takes 30 to 45 minutes. For children under 6 years of age: no preparation required.

Combination Examinations: Abdomen + Pelvis/Obstetrical

A <u>full</u> bladder is required for this examination. Please <u>do not eat</u> for 12 hours before your appointment <u>but finish drinking</u> **4 large glasses** (32 oz/950ml) of clear fluid (water, coffee, juice, tea – no milk) <u>1 hour before</u> your appointment time. **Do Not Void** until instructed by the technologist during the examination. The entire examination usually takes 1 hour.

Other Ultrasound: 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.
- If you are unable to keep your appointment, please call the Booking Department at 905-535-6000.



Location Map Georgina Health Centre 716 The Queensway South Keswick ON, L4P 4C99

Bookings Phone: 905-535-6000 Fax: 905-535-1429 Email: info@georginahealthcentre.ca www.georginahealthcentre.ca

