

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

Health Record #: _____ Complete or place barcoded patient label here
 Patient Name: *(Print first, last)* _____
 DOB: dd / mm / yy Age: _____ Female Male
 OHIP #: _____ Version Code: _____
 Phone #: _____

Radiography and Ultrasound Imaging Requisition

(see location map on reverse)

Patient Name: <i>(print first, last)</i> _____		Appointment Date: <u>dd</u> / <u>mm</u> / <u>yy</u>	
Address: _____		Appointment Time: _____	
City _____	Street Number + Name _____	Apartment _____	Arrival Time: _____
Province _____	Postal Code _____		Hospital Record #: _____
Health Card Number: _____		Version Code: _____	
Other Insurance: _____		WSIB Number: _____	
Home: () _____		Work/Other: () _____	
Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>		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: _____			

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

- Abdomen
- Female Pelvis/Endovaginal
- Male Pelvis (Pre & Post Void/Prostate)

OTHER

- Thyroid
- Scrotum
- Soft Tissue

OBSTETRICAL

- Dating
- Viability
- NT (11-13+6 weeks). Bring blood requisition
- Routine Anatomy (18-20 weeks)
- Obstetrical
- Biophysical Profile (>30 weeks)
- Twins
- Endovaginal (e.g. Cervical length)

RELEVANT CLINICAL INFORMATION: *(must be provided and please be specific)*

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



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Patient Preparation and Information

The following ultrasound exams are done at Southlake Health:

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

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

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.

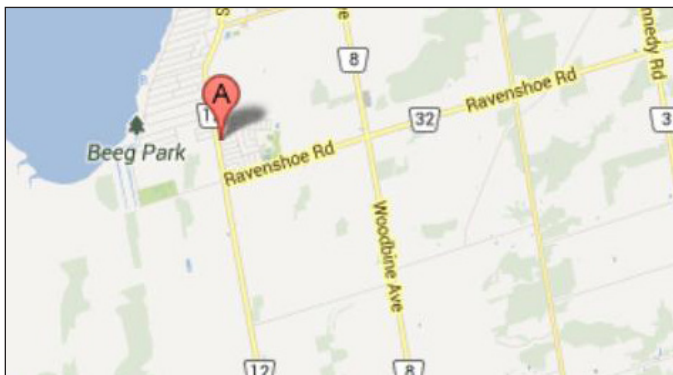
Upper Abdomen Examination: (Liver, Pancreas, Gall bladder, Kidneys, Spleen, Aorta, Biliary Tree, Lymph Nodes)

Please **do not eat or drink** for 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 **full** bladder is required for this examination. Please **do not eat** for 12 hours before your appointment **but 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 instructed by the technologist during the examination. The entire examination usually takes 1 hour.

Other Ultrasound: No preparation required.



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