



200 Fletcher Crescent  
Alliston, Ontario L9R 1W7

APPOINTMENT DATE AND TIME: \_\_\_\_\_

### ROUTINE ULTRASOUND REQUISITION

<b>Name:</b>	<b>Health Card #:</b>
<b>Address:</b>	
<b>Phone #:</b>	<b>DOB:</b> (dd/mm/yy)

- Bring this signed requisition and your health card with you. Failure to do so will result in your appointment being rescheduled.
- Arrive 15 minutes early to register.
- Children, whose caregiver is booked for an appointment for an ultrasound, are **NOT** allowed in during exam.

**Clinical information: (required)**       Check box if urgent

- UPPER ABDOMEN:** Nothing to eat or drink after 10:00 p.m. the evening prior to your exam. No chewing gum or smoking. A small sip of water may be used to take any medication if necessary. For pediatric preparation please call (705) 434-5133.
- PELVIC:** Finish drinking 32 oz. of fluid one hour before your appointment. **DO NOT** empty your bladder until your examination is complete. This examination may be done transvaginally if necessary.
- TRANSVAGINAL:** No preparation.
- OBSTETRICAL:** Finish drinking 32oz. of fluid one hour before your appointment. Please circle the test you are requesting. **DO NOT** empty your bladder until your examination is complete. This examination may be done transvaginally if necessary. Please attach any relevant ultrasound reports.: (1) Dating (2) IPS (3) Anatomy Scan (4) BPP (5) other: explain
- RENAL IMAGING STUDY (RIS) (including kidneys & bladder):** Finish drinking 32oz. of fluid one hour before your appointment. **DO NOT** empty your bladder until your examination is complete.
- AORTA:** No preparation.
- THYROID:** No preparation.
- SCROTAL:** No preparation.
- CAROTID DOPPLER:** No preparation
- VENOUS DOPPLER:** No preparation.
  - RT LEG       LT LEG       RT ARM       LT ARM
- BREAST:** No preparation. Include a diagram and position of lump please.
  - RT BREAST       LT BREAST
- OTHER:** \_\_\_\_\_

**Family Physician Name:** (print)

**Referring Healthcare Provider's Name, Phone and Fax:** (print)

**Referring Healthcare Provider's Signature:**

