WOSLER DIAGNOSTICS

GENERAL IMAGING REQUISITION FORM

Please do not forgettobring this requisitionformwith you during the appointment. To book an appointment, **please call 306.500.1595.**

Unit 2, 279 Hamilton Road
Yorkton, Sk, S3N4C6

rads@wosler.ca

FAX: 306-206-0566

BOOKING DATE/TIME

PATIENT AND APPOINTMENT INFORMATION

NAME
ADDRESS
CITY PROVINCE POSTAL CODE
HOME PHONE OTHER PHONE
DOB ☐ MALE ☐ FEMALE WEIGHT [lbs/kg]
AHC# WCB#/ACCIDENT DATE
APPT. DATE TIME

PHYSICIAN INFORMATION

PRAC ID
REFERRING PHYSICIAN
CLINIC
PHONE FAX
COPY TO DR.
FAX COPY TO DR.
SIGNATURE

SIGNIFICANT HISTORY AND DIAGNOSIS

To help our clinic staff provide the most comprehensive patient care, please complete this section with as many details as possible.

DIAGNOSTIC SERVICES

GENERAL ULTRASOUND

Routine Abdomen
☐ Limited Abdomen
Appendix
☐ Kidneys, Ureters, & Bladder
Female Pelvis
☐ Transvaginal
☐ Transabdominal
☐ IUD Placement
Male Pelvis
☐ Pre and Post-void
Thyroid
☐ Neck (salivaryglands,lymphnodes,mass)
Scrotum
☐ Soft Tissue Mass: Specify
☐ Baker's Cyst
Other: Specify

VASCULAR ULTRASOUND

☐ Lower Limb Venous DVT ☐ R ☐ L ☐ Bilateral
☐ Abdominal Aorta

OBSTETRICAL ULTRASOUND

☐ Obstetrical Series (early and detailed)
☐ Early Obstetrical (dating/viability)
☐ Limited Obstetrical Ultrasound: Specify
☐ Detailed Anatomy (-18-20 weeks)
☐ BPP/Biophysical Profile (⩾ 28 weeks)
☐ Growth Ultrasound
☐ Other: Specify

PEDIATRIC ULTRASOUND

☐ Abdomen
☐ Appendix
☐ Pelvis
☐ Kidneys, Ureters, & Bladder
☐ Pylorus (under 2 months)
☐ Scrotum/Testicles
☐ Thyroid
☐ Neck: Specify
☐ Other: Specify

MSK ULTRASOUND

☐ Shoulder ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Hand ☐ Wrist ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Foot ☐ Ankle ☐ R ☐ L
☐ Mass/Cyst/Other
Specify Area

STAT REPORT OPTIONS

Requisitions for non-medical emergencies can be faxed over to the location of your choice.

☐ STAT Fax:
☐ Stat Verbal Report (Specify Phone Number):

EXAM PREPARATION INSTRUCTIONS ON REVERSE

EXAM PREPARATION

ABDOMINAL ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. You may continue to take your medications with water as prescribed. Please do not chew gum before or during the examination.

PELVIC OBSTETRICAL, BIOPHYSICAL PROFILE (BPP) OR RENAL ULTRASOUND

Please drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination may not be done if your bladder is not full. You may continue to eat.

ABDOMEN AND PELVIC ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. Drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination cannot be adequately performed if your bladder is not full.

VASCULAR ULTRASOUND

Yourexaminationrequires no preparation except instructed by your physician or Ultrasound technician. Please do not drink or eat/consume anything by mouth for at least 4 hours prior to your examination if you are scheduled for an Abdominal Aorta Ultrasound.

LOCATION AND CONTACT INFORMATION

WOSLER
DIAGNOSTICS

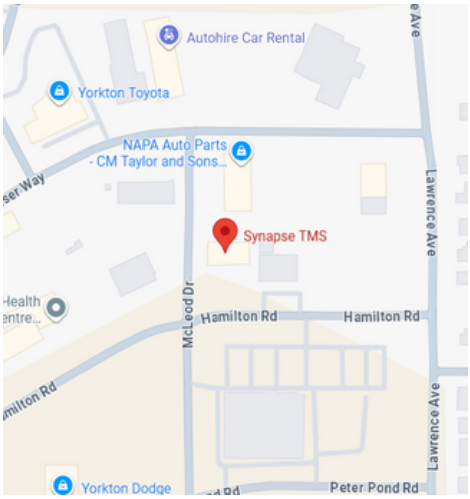
Unit 2-279 Hamilton Road,
Yorkton, SK, S3N 4C6

306-500-1595

306 206 0566 **(FAX)**

rads@wosler.ca

www.radiology.wosler.ca



ORDER FORM

TO OBTAIN THIS FORM:

Call us at 306 500 1595

Email your request at rads@wosler.ca

Print requisitions directly from www.radiology.wosler.ca/requisitions

Please provide the information below:

Clinic: _____

Addess: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP