



4905 Barrhead, AB T7N 1G6

4740 50 Ave, Whitecourt, AB T7S 1S1

✉ rads@wosler.ca

FAX: 403 290 7440

### BOOKING

DATE/TIME

#### PATIENT AND APPOINTMENT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE -- POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

DOB \_\_\_\_\_

AHC# ☐ MALE ☐ FEMALE WEIGHT \_\_\_\_\_ lbs kg

APPT. DATE \_\_\_\_\_ WCB#/ACCIDENT 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
- ☐ Male Pelvis
- ☐ Thyroid
- ☐ Neck (salivary glands, lymph nodes, mass)
- ☐ Scrotum
- ☐ Soft Tissue Mass: Specify \_\_\_\_\_
- ☐ Other: Specify \_\_\_\_\_

##### VASCULAR ULTRASOUND

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

##### OBSTETRICAL ULTRASOUND

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

##### PEDIATRIC ULTRASOUND

- ☐ Abdomen
- ☐ Appendix
- ☐ Pelvis
- ☐ Kidneys, Ureters, & Bladder
- ☐ Scrotum/Testicles Thyroid
- ☐ Neck: Specify \_\_\_\_\_
- ☐ Other: Specify \_\_\_\_\_

#### 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


Your examination requires 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



 4905 Barrhead, AB T7N 1G6 or  
4740 50 Ave, Whitecourt, AB T7S1S1

 844-967-5352

 403-290-7440

 [rads@wosler.ca](mailto:rads@wosler.ca)



## ORDER FORM

### TO OBTAIN THIS FORM:

Call us at 844-967-5352 Email your request at [rads@wosler.ca](mailto:rads@wosler.ca) Print requisitions directly from [www.radiology.wosler.ca/requisitions](http://www.radiology.wosler.ca/requisitions) Please provide the information below:

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of requisition pads required: \_\_\_\_\_

## THANK YOU FOR YOUR PARTNERSHIP