

# **GENERAL IMAGING REQUISITION FORM**

Please do not forget to bring this requisition form with you during the appointment. To book an appointment, please call (306) 500-1595

1135 Central Ave, Prince Albert,SK S6V 4V7 rads@wc	osler.ca <b>FAX:</b> 306 206 0566	воокі	NG DATE/TIME
PATIENT AND APPOINTMENT INFORMATION		PHYSICIAN INFORMATION	
NAME		PRAC ID	
ADDRESS		REFERRING PHYSICIAN	
CITY PROVINCE POSTAL CODE		CLINIC	
HOME PHONE OTHER	PHONE	PHONE	FAX
DOB MALE FEMALE	WEIGHT lbs kg	COPY TO DR.	
AHC# WCB#/ACCIDENT DATE		FAX COPY TO DR.	
APPT. DATE TIME		SIGNATURE	
SIGNIFICANT HISTORY AND DIAGNOSIS  To help our clinic staff provide the most comprehensive patie	nt care, please complete this section with as many details a	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  15 Baker's Cyst  Other: Specify	VASCULAR ULTRASOUND  17	(early and detailed) (dating/viability)	PEDIATRIC ULTRASOUND  29  Abdomen  30  Appendix  31  Pelvis  32  Kidneys, Ureters, & Bladder  33  Pylorus (under 2 months)  34  Scrotum/Testicles  35  Thyroid  36  Neck: Specify  37  Other: Specify
STAT REPORT OPTIONS			
Requisitions for non-medical emergencies can be faxed over  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





1135 Central Ave, Prince Albert, SK S6V 4V7



306 500 1595



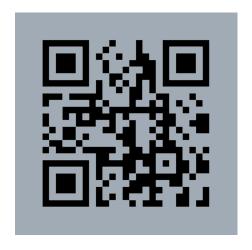
306 206 0566 (FAX)



rads@wosler.ca



Scan QR Code To Book Appointment Online



### 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:

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nail:	
umber of requisition pads required:	

# THANK YOU FOR YOUR PARTNERSHIP