

GENERAL IMAGING REQUISITION FORM

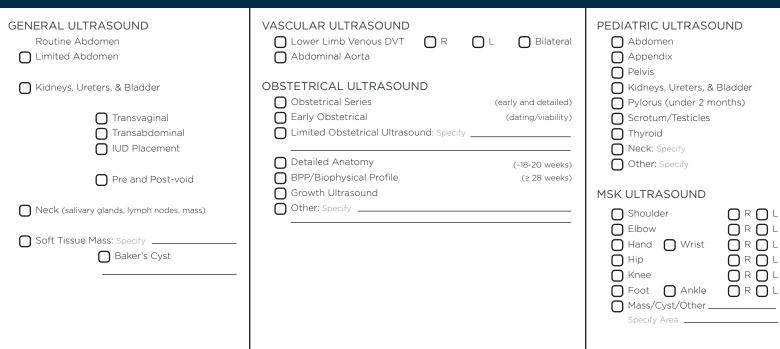
Please do not forget to bring this requisition form with you during the appointment. To book an appointment, **please call 306.500.1595**

2707 50 Ave, Saskatchewar		@wosler.ca	FAX: 306 206 0566	BOOKING	DATE/TIME	
PATIENT AND	APPOINTMENT INFORMA	TION		PHYSICIAN INFORMATION		
NAME				PRAC ID		
ADDRESS				REFERRING PHYSICIAN		
CITY	PROVINCE	POSTAL CO	DDE	CLINIC		
HOME PHONE	OTH	IER PHONE		PHONE FAX		
DOB	O MALE O 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 patient care, please complete this section with as many details as possible.

DIAGNOSTIC SERVICES



STAT REPORT OPTIONS

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

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O STAT Fax: _____
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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





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