WOSLER DIAGNOSTICS

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.**

307 Centre Street
Meadow Lake
Saskatchewan S9X 1Y3

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 _____ ☐ 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 (salivary glands, lymph nodes, 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
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Achilles tendon ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Foot ☐ 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

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

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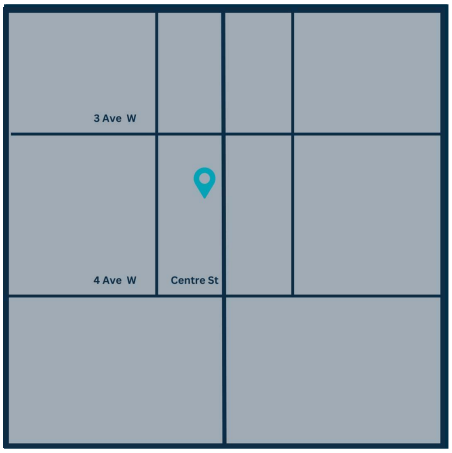
307 Centre Street
Meadow Lake, Saskatchewan S9X 1Y3

306 500 1595

403 290 7440 **(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