

# **GENERAL IMAGING REQUISITION FORM**

Please do not forget to bring this requisition form with you during the appointment. To book an appointment, **please call 403.744.4133** 

	venue, Unit #1, 🛛 🔀 rads@ perta, TOK 0E0	wosler.ca	<b>FAX:</b> 403 290 7440		BOOKING	DATE/TIME
PATIENT AND APPOINTMENT INFORMATION					PHYSICIAN INFORMATION	
NAME					PRAC ID	
ADDRESS					REFERRING PHYSICIAN	1
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 patient care, please complete this section with as many details as possible.

# DIAGNOSTIC SERVICES

GENERAL ULTRASOUND Routine Abdomen Limited Abdomen Appendix	VASCULAR ULTRASOUND 17 O Lower Limb Venous DVT 18 O R 19 O L 20 O Bilateral 21 O Abdominal Aorta	PEDIATRIC ULTRASOUND 29 🔵 Abdomen 30 🔵 Appendix 31 🔵 Pelvis
<ul> <li>Kidneys, Ureters, &amp; Bladder</li> <li>Female Pelvis <ul> <li>Transvaginal</li> <li>To</li> <li>Transabdominal</li> <li>IUD Placement</li> </ul> </li> <li>Male Pelvis <ul> <li>I0</li> <li>Pre and Post-void</li> </ul> </li> <li>Thyroid <ul> <li>Neck (salivary glands, lymph nodes, mass)</li> <li>Scrotum</li> <li>Soft Tissue Mass: Specify</li> <li>I5</li> <li>Baker's Cyst</li> </ul> </li> <li>Other: Specify</li> </ul>	OBSTETRICAL ULTRASOUND         22       Obstetrical Series       (early and detailed)         23       Early Obstetrical       (dating/viability)         24       Limited Obstetrical Ultrasound: Specify	<ul> <li>32 Kidneys, Ureters, &amp; Bladder</li> <li>33 Pylorus (under 2 months)</li> <li>34 Scrotum/Testicles</li> <li>35 Thyroid</li> <li>36 Neck: Specify</li> <li>37 Other: Specify</li> </ul>

# 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





\*Dear beloved partners, please be advised that we are located in the Crowsnest Medical Clinic and not in the hospital.

# ORDER FORM

### TO OBTAIN THIS FORM:

Call us at 403.744.4133

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