



5201 Duke St. Suite 0270,
Halifax B3J 1N9

rads@wosler.ca

FAX: (902) 417-2093

BOOKING

DATE/TIME

PATIENT AND APPOINTMENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ OTHER PHONE _____

DOB _____ MALE FEMALE WEIGHT _____ lbs kg

MSI# _____ 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.

ULTRASOUNDS

ABDOMEN

- ABD-CMP: Abdomen complete (>1 organ)
- ABD-FP: Abdomen complete+Female pelvis (NO EV)
- ABD-FP-EV: Abdomen complete+Female pelvis WITH EV
- ABD-KUB: Abdomen complete+ bladder (KUB)
- ABD-LTD: Abdomen limited (1 organ)
- HER-1C: US Hernia/Appendix/abdo wall (unilateral)
- HER-2C: US Hernia/Appendix/abdo wall (bilateral)
- KUB-MP: KUB / Male Pelvis (abd limited/pelv)

OBSTETRIC

- OB-1T: OB First Trimester
- OB-1T-EV: OB First Trimester with EV
- BPP-3T: BPP 3rd trimester only

VASCULAR

- CAROTID: Carotids
- VEN-BIL: Venous, peripheral (DVT) BIL
- VEN-L: Venous, peripheral (DVT) (L)
- VEN-R: Venous, peripheral (DVT) (R)

PELVIC

- FP-EV: Female pelvis with EV
- FP-NOEV: Female pelvis no EV
- FP-EV AFC: Female pelvis with Antral-follicle count

MUSCULOSKELETAL (MSK)

- ACH-BIL: Achilles Tendon, Bilateral, MSK US
- ACH-L: Achilles Tendon, MSK US (L)
- ACH-R: Achilles Tendon, MSK US (R) ANK-
- BIL: Ankle, Bilateral MSK US
- ANK-L: Ankle, MSK US (L)
- ANK-R: Ankle, MSK US (R)
- ELB-BIL: Elbow, Bilateral MSK US
- ELB-L: Elbow, MSK US (L)
- ELB-R: Elbow, MSK US (R)
- FNG-MSK: Finger, MSK US
- FOT-BIL: Foot, Bilateral MSK US
- FOT-L: Foot, MSK US (L)
- FOT-R: Foot, MSK US (R)
- HAM-BIL: Hamstring Bilateral, MSK US
- HAM-L: Hamstring, MSK US (L)
- HAM-R: Hamstring, MSK US (R)
- HIP-BIL: Hip, Bilateral, MSK US
- HIP-L: Hip, MSK US (L)
- KNE-BIL: Knee, Bilateral, MSK US
- KNE-L: Knee, MSK US (L)
- KNE-R: Knee, MSK US (R)
- MSK-OTH-B: MSK, other than shoulder Bilateral

- MSK-OTH-L: MSK, other than shoulder (L)
- MSK-OTH-R: MSK, other than shoulder (R)
- MSK-SH-B: MSK Shoulder Bilateral
- MSK-SH-L: MSK Shoulder (L)
- MSK-SH-R: MSK Shoulder (R)
- PFA-BIL: Plantar Facia, Bilateral MSK US
- PFA-L: Plantar Facia, MSK US (L)
- PFA-R: Plantar Facia, MSK US (R)
- TOE-MSK: Toes, MSK US
- WRS-BIL: Wrist, Bilateral, MSK US
- WRS-L: Wrist, MSK US (L)
- WRS-R: Wrist, MSK US (R)

SOFT TISSUE

- HN-ST: Head and/or neck, soft tissue
 - ST-LTD: Soft tissue limited (per lump or bump)
- Number of areas: _____

OTHER

- SAL-GLD: Salivary gland(s)
- SCR-ULT: Scrotal
- THY-PRT: Thyroid or parathyroid
- THY-PRT-2: Thyroid or parathyroid

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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ORDER FORM

TO OBTAIN THIS FORM:

Call us at (902) 593-4456 or visit radiology.wosler.ca/requisitions

Email your request at rads@wosler.ca

Please provide the information below:

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP