



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 **639.477.0167**.

1175 Queen Street, Melville, Saskatchewan, S0A 2P0
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	<input type="checkbox"/> MALE	<input type="checkbox"/> 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

- | | | |
|--|----------------------------|----------------------------|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Hand <input type="checkbox"/> Wrist | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Hip | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Knee | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Foot <input type="checkbox"/> Ankle | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> 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



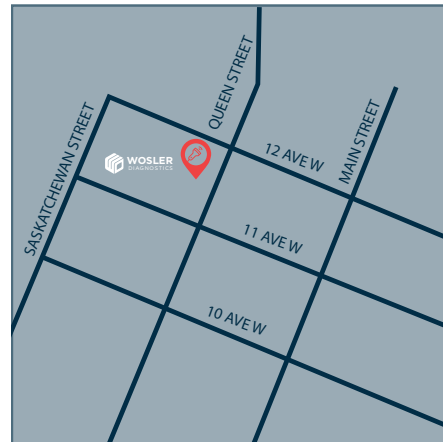
 1175 Queen Street, Melville,
Saskatchewan, S0A 2P0

 639 477 0167

 403 290 7440 (FAX)

 rads@wosler.ca

 www.wosler.ca



*Dear beloved partners, please be advised that we are located in Dr. E's Medical Clinic.

ORDER FORM

Call us at 639.477.0167

Email your request at rads@wosler.ca

Print requisitions directly from wosler.ca/requisition-forms

Please provide the information below:

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP