



2707 50 Ave, Lloydminster, Saskatchewan, S9V 2A8

rads@wosler.ca

FAX: 306 206 0566

### 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
- Kidneys, Ureters, & Bladder
  - Transvaginal
  - Transabdominal
  - IUD Placement
- Pre and Post-void
- Neck (salivary glands, lymph nodes, mass)
- Soft Tissue Mass: Specify \_\_\_\_\_
  - Baker's Cyst

##### 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
- Elbow  R  L
- Hand  Wrist  R  L
- Hip  R  L
- Knee  R  L
- Foot  Ankle  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



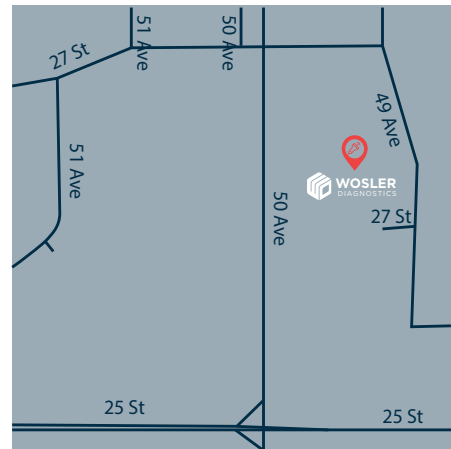
 2707 50 Ave, Lloydminster, Saskatchewan, S9V 2A8

 639 477 0167

 306 206 0566 (FAX)

 rads@wosler.ca

 www.wosler.ca



## ORDER FORM

Call us at 639.477.0167

Email your request at rads@wosler.ca

Print requisitions directly from [wosler.ca/requisition-forms](http://wosler.ca/requisition-forms)

Please provide the information below:

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of requisition pads required: \_\_\_\_\_

## THANK YOU FOR YOUR PARTNERSHIP