

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

☐ 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

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



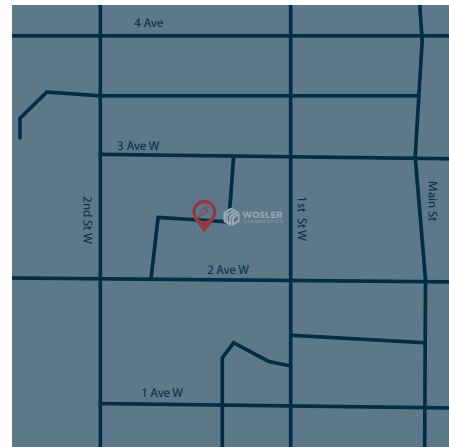
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Saskatchewan, S0J 2E0

📞 306 500 1595

📠 306 206 0566 (FAX)

✉️ rads@wosler.ca

🖱️ www.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 wosler.ca/for-providers

Please provide the information below:

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP