



Box 70, Onion Lake, Saskatchewan, S0M 2E0

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 \_\_\_\_\_  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
- 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

- 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



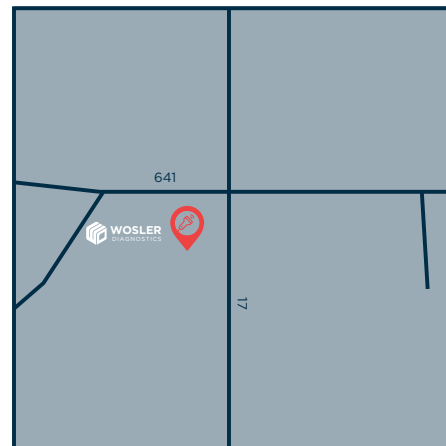
 Box 70, Onion Lake,  
Saskatchewan, S0M 2E0

 306 500 1595

 403 290 7440 **(FAX)**

 rads@wosler.ca

 www.wosler.ca



\*Dear beloved partners, please be advised that we are located inside Onion Lake Health Centre.

## 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