



**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**.

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	<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



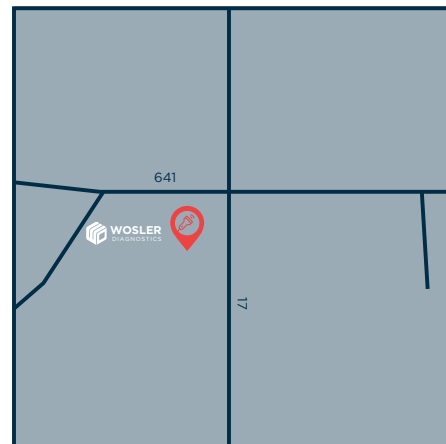
 Box 70, Onion Lake,  
Saskatchewan, S0M 2E0

 639 477 0167

 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

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