

## REQUISITION FORM

### PATIENT INFORMATION

Last Name		First Name	
Address			
Telephone	Date of Birth	Sex	
	[M M D D Y Y Y Y]	M / F	
Health Card Number			
Email			

### REFERRING PHYSICIAN

Signature: \_\_\_\_\_

Physician's Stamp  
or Print Name

Billing Number: \_\_\_\_\_

Copy to

### CLINICAL INFORMATION/HISTORY

### APPOINTMENT

Date \_\_\_\_\_ Time \_\_\_\_\_

## GENERAL ULTRASOUND

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Pelvis   | <input type="checkbox"/> TA - Finish drinking 4 cups of water 1 hour prior to exam | <input type="checkbox"/> Breast   | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Antral Follicle Count (days 2-7) - No prep is needed   | <input type="checkbox"/> TV - No prep is needed                                    | Avoid wearing deodorant prior to exam   |  |
| <input type="checkbox"/> Abdomen <input type="checkbox"/> TA <input type="checkbox"/> TV - Fasting for 8 hours required prior to exam   |  | <input type="checkbox"/> Thyroid - No prep is needed  |  |
| <input type="checkbox"/> KUB - Fasting for 8 hours and a full bladder (4 cups of water) is required prior to exam   |  | <input type="checkbox"/> Testes/Scrotum - No prep is needed                                 |  |
| <input type="checkbox"/> OB 1st trimester - Finish drinking 4 cups of water 1 hour prior to exam  |  | <input type="checkbox"/> Other <input type="checkbox"/> Left <input type="checkbox"/> Right |  |
| <input type="checkbox"/> OB eFTS - Finish drinking 4 cups of water 1 hour prior to exam   |  | Please specify:   |  |
| <input type="checkbox"/> OB Anatomy + Cervix - Do not use the bathroom on the last hour before the exam   |  | _____   |  |
| <input type="checkbox"/> OB Anatomy Twins + Cervix - Do not use the bathroom on the last hour before the exam   |  | No prep is needed   |  |
| <input type="checkbox"/> OB 2nd or 3rd Trimester <input type="checkbox"/> BPP <input type="checkbox"/> Cervix <input type="checkbox"/> Dopplers <input type="checkbox"/> Growth |  |   |  |
| No prep is needed   |  |   |  |
| <input type="checkbox"/> Sonohysterogram - Abstinence required for 24 hours prior to exam   |  |   |  |
| <input type="checkbox"/> Cycle Monitoring - No prep is needed   |  |   |  |
|   | Book on days 3-5, 6-8, 9-11, 12-15, 16-19, 20-22, 23-25 & 26-28                    |   |  |

Please bring this form & your valid health card to your appointment to avoid a delay or cancellation.

Arrive 15 minutes before appointment