

PATIENT INFORMATION

Last Name: _____
 First Name: _____
 H.C: _____ Sex: _____
 Tel: (____) - ____ - _____ Date Of Birth: MM/DD/YYYY

REFERRAL INFORMATION

Stat Physician: _____ Tel: (____) - ____ - _____
 Routine Signature: _____ Fax: (____) - ____ - _____

CLINICAL INFORMATION

Date LMP: MM/DD/YYYY

ULTRASOUND

GENERAL

- Abdomen
- Abdomen/pelvis complete
- Limited Abdomen
(Renal, GB, Liver, etc)
- Limited Pelvic
(Bladder pre/post void)

FEMALE PELVIC

- Pelvis + Transvaginal
(unless contraindicated)
- Hysterosonography

MALE PELVIC

- Pelvic Transabdominal
(includes Bladder,prostate)
- Prostate Transrectal
(Includes transabdominal)

OBSTETRICAL

- Dating
- IPS Nuchal Translucency
(11-14 wks)
- OBS Anatomy
(18-20 wks)
- OBS (High-risk/problem)
- Biophysical profile
(After 28 wks)
- Fetal Growth Follow-up
- High Risk Twin Series
- Twin Series

SMALL PARTS

- Thyroid
- Neck
- Sub Mandibular Gland
- Parotid Glands
- Breast (L R BI)
- Axilla (L R BI)
- Groin (L R BI)
- Hernia (L R BI)
- Testes/ Scrotum
- Abdominal wall
- Soft Tissue / Lump
- Other _____

MUSCULOSKELETAL

- L R BI
- Shoulder
 - Arm
 - Elbow
 - Forearm
 - Wrist & Hand
 - Finger
 - Hip Joint/Greater Trochanter
 - Thigh
 - Knee/Pop Fossa
 - Calf
 - Achilles Tendon/Plantar Fascia
 - Foot / Ankle
 - Other Muscle
Areas _____
- US Guided Procedure
- Aspiration 1
 - Aspiration 2
 - Others

BONE MINERAL DENSITY (BMD)

Ministry of Health regulations: Screening High Risk-Q: 12 M First Follow Up - Q: 36 M Follow Up - Q: 60 M

ULTRASOUND INSTRUCTIONS

ABDOMINAL

• Fast for 12 hours prior to test and fat free diet (no dairy, meat, eggs, or fried food) for 24 hours. Nothing by mouth until after examination. Examination is approx. 30 min.

RENAL ONLY

• Drink 2 full glasses (16 oz.) of water prior to the examination. Do not void until after the examination.

PELVIC / OBSTETRICAL / BLADDER EXAMINATION

• A full bladder is essential for these examinations. Do not empty your bladder for two hours before your appointment. Drink 4 full glasses (32 oz.) of liquid except milk. Please complete drinking your fluids at least 1 hour before your appointment.

THYROID, TESTES, AND MUSCULOSKELETAL

• No preparation required.

**ALL CANCELATIONS MUST BE MADE 24 HOURS IN ADVANCE
 YOU MUST BRING THIS OR EQUIVALENT REQUISITION FORM TO THE APPOINTMENT
 PLEASE BRING YOUR HEALTH CARD**

This requisition form can be taken to any licensed facility including hospitals and IHFs, such as those listed on the IHF Program website:
<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>