

**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
- Submandibular 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>