MAYFAIR DIAGNOSTICS REGINA

REQUISITION

135, 1621 Albert Street
Regina, Saskatchewan S4P 2S5

ALL APPOINTMENTS:
Tel: 306.569.XRAY(9729)
Fax: 306.569.3337

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/

Name: ☐ Female ☐ Male

Address:

City: Province: Postal Code:

Home Phone:

Other Phone:

Date of Birth: D/ M/ Y/

Saskatchewan Health Card Number:

Appt. Date: D/ M/ Y/ Time:

PROFESSIONAL SERVICE

*****Please see patient instruction on reverse*****

X-ray (No appointment necessary, walk-in basis)

☐ Examination:

Obstetrical Ultrasound

Check all current and future appointments needed.

1st Trimester

☐ Routine: (specify indication)

☐ Nuchal Translucency (GA 11w+0d – 13w+6d, preferably **after** 12 weeks)

☐ Other: (specify indication)

2nd Trimester

☐ Detailed exam >18 weeks

☐ Other: (specify indication)

3rd Trimester

☐ BPP: (specify indication)

☐ Doppler

☐ Fetal Growth: (specify indication)

☐ Other: (specify indication)

Vascular Ultrasound

☐ Venous (DVT) ☐ R ☐ L ☐ Arm ☐ Leg

General Ultrasound

☐ Complete Abdomen (Liver, Spleen, Pancreas, Kidney, Gallbladder, Aorta)

☐ Spectral Doppler

☐ Renal (Kidneys, Bladder)

☐ Hernia

☐ IUCD Localization (Uterus only)

☐ Add Full Pelvic Assessment

☐ Add EV for 3D view of IUCD

☐ Pelvis (Bladder, Uterus, Ovaries, and Prostate for size)

☐ Thyroid

☐ Scrotum

☐ Mass:

☐ Other Exam:

Musculoskeletal Ultrasound

X-ray of the area may be required if recent trauma, or if no X-ray within last six months

Exam	R	L
☐ Shoulder (Includes Rotator Cuff)	☐ R	☐ L
☐ Elbow	☐ R	☐ L
☐ Wrist	☐ R	☐ L
☐ Carpal Tunnel	☐ R	☐ L
☐ Hand or Finger	☐ R	☐ L
☐ Hip	☐ R	☐ L
☐ Knee	☐ R	☐ L
☐ Bakers Cyst	☐ R	☐ L
☐ Ankle	☐ R	☐ L
☐ Achilles	☐ R	☐ L
☐ Foot or Toe	☐ R	☐ L
☐ Plantar Fascia	☐ R	☐ L

☐ Muscle/Tendon:

☐ Other:

HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible, this enables our clinic staff to provide the most comprehensive patient care.

☐ Stat Phone Report
Phone:

☐ Stat Fax Report
Fax:

REFERRER INFORMATION

*****All images and reports will be available on provincial PACS*****

Name:

Copy to:

Phone: Fax:

Address:

Practitioner's ID/Stamp:

☐ Send images with patient (CD copy)

Signature:

PATIENT INFORMATION

1. Please bring your health insurance card and this requisition.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
3. Please do not bring children who require supervision.
4. Arrive a few minutes early for your appointment. Please call if you are unable to keep your appointment 306.569.XRAY(9729).
5. Kindly advise us of any limitation of mobility prior to your exam.
6. Please do not wear fragrance as others may be sensitive.
7. Please advise us if you are in a wheelchair so we can better accommodate your needs.

ULTRASOUND PREPARATION INSTRUCTIONS

Complete Abdomen

Do not eat, drink or chew gum for 6 hours prior to the examination.

Renal, Pelvic, Obstetrical, Fetal Growth, and Biophysical Profile (BPP)

1.5 hours prior to the examination, drink 1 litre of water. Finish all water 1 hour before your appointment. Do not empty the bladder. Patients for BPP need only drink 0.5 litres of water and should also have a snack prior to their exam.

Combination Pelvis and Abdomen

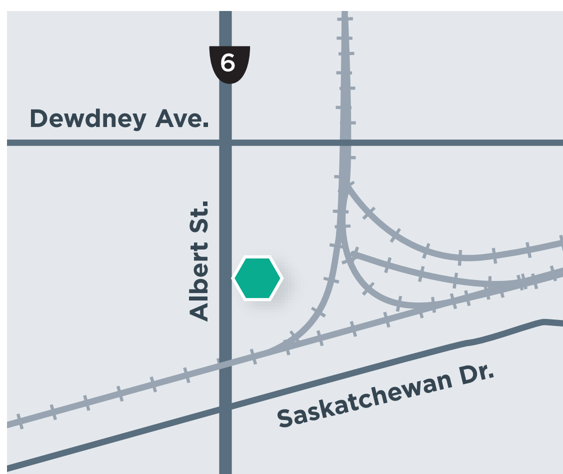
Do not eat or drink for 6 hours prior to the examination. 1.5 hours prior to the examination, drink 1 litre of water. Finish all water 1 hour before your appointment. Do not empty the bladder.

APPOINTMENTS:

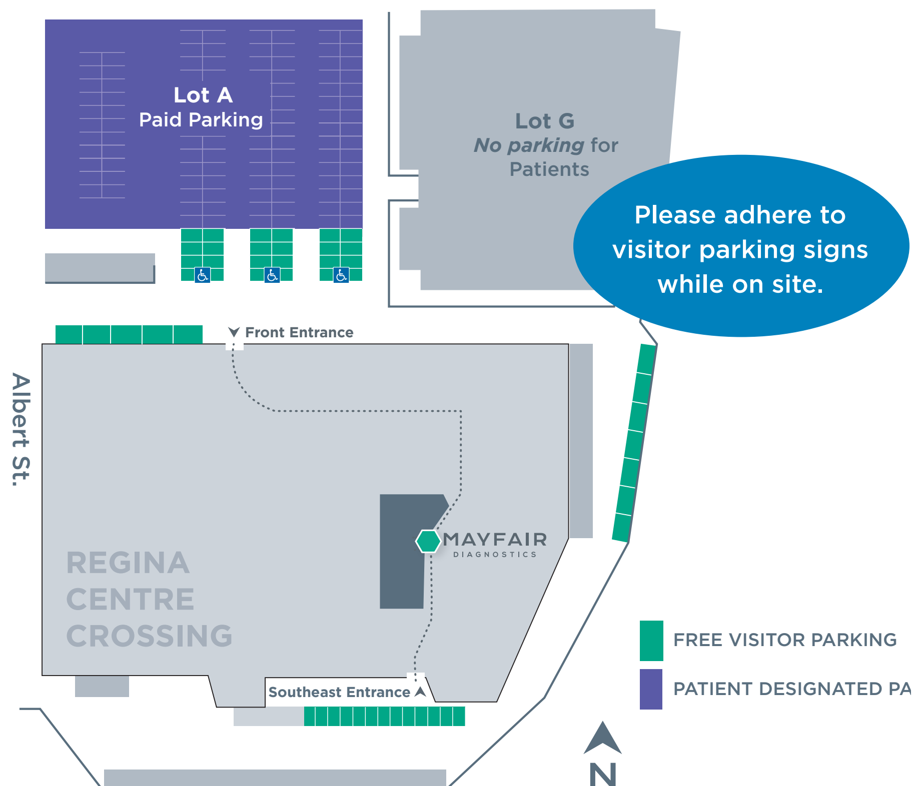
306.569.XRAY(9729)

Fax: 306.569.3337

Mayfair Diagnostics Regina
135, 1621 Albert Street
Regina, Saskatchewan S4P 2S5



REGINA CENTRE CROSSING PARKING



MAYFAIR
DIAGNOSTICS
REGINA

ORDER FORM

Appointments:
306.569.XRAY(9729)

Fax: 306.569.3337

Attention! You are almost out of requisition forms.

TO REPLENISH YOUR SUPPLY OF GENERAL REQUISITION FORMS:

Call us at 306.569.XRAY(9729)

E-mail your request to requisitions@radiology.ca

Fax this form to 306.569.3337

Print requisitions directly from radiology.ca/requisition-forms

EMR upload assistance available. Please contact us at the above phone number or email address.

Clinic: ____________________

Address: ____________________

Phone: ____________________

Email: ____________________

Number of requisition pads required: ____________________

Thank you for your referrals.

☐ **Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.**