



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: am pm

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
RLQ/Appendix
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

- | | | |
|----------------------------------|---|---|
| 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, photo identification, 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 15 minutes early for your appointment. Please call if you are unable to keep your appointment 306.569.9729.
5. Kindly advise us of any limitation of mobility prior to your exam. Please let us know if you are in a wheelchair so that we can better accommodate your needs.
6. Please do not wear fragrance as others may be sensitive.

ULTRASOUND PREPARATION INSTRUCTIONS

Complete Abdomen

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

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

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

Combination Pelvis and Abdomen

Do not eat or drink for six hours prior to the examination. One and a half hours prior to the examination, drink one litre of water. Finish all water one hour before your appointment. Do not empty the bladder.

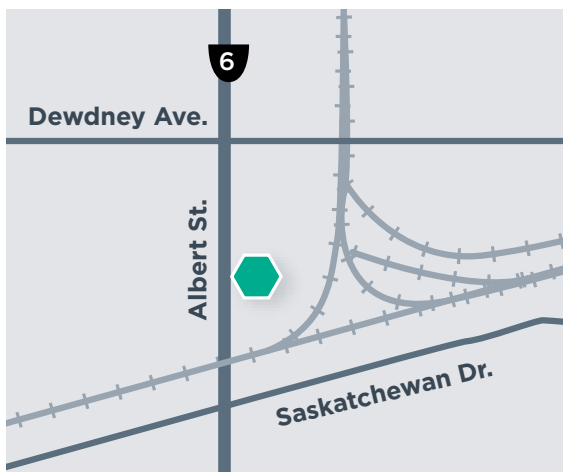
APPOINTMENTS

306.569.9729

Fax: 306.569.3337

Mayfair Diagnostics Regina

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Regina, Saskatchewan S4P 2S5



REGINA CENTRE CROSSING PARKING

