

REQUISITION

1621 Albert Street Regina, Saskatchewan S4P 2S5

ALL APPOINTMENTS:

Tel: 306.569.9729 Fax: 306.569.3337 Online booking at radiology.ca

PATIENT INFORMATION	
PLACE PATIENT LABEL HERE	Home Phone:
Date of Request: D/ M/ Y/	Other Phone:
Name: Female Ma	
Address:	
City: Province: Postal Code:	
PROFESSIONAL SERVICE ***Please see patient instruction on reverse***	
X-ray Examination:	General Ultrasound Complete Abdomen (Liver, Spleen, Pancreas, Kidney, Gallbladder, Aorta) Spectral Doppler RLQ/Appendix
Breast Imaging Complete Breast Assessment [Mammography & breast ultrasound] Diagnostic Breast Ultrasound Diagnostic Mammography (with tomosynthesis) R L Bilateral Right Left	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
Obstetrical Ultrasound	Scrotum Mass:
Check all current and future appointments needed.	Other Exam:
1st Trimester Dating:(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)	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 Bicep Tendon R L Elbow R L Carpal Tunnel R L Baker's Cyst R L Hip R L
3rd Trimester	Knee R L
BPP:(specify indication)	Achilles R L Plantar Fascia R L
Doppler (chaoify indication)	Vascular Ultrasound
Fetal Growth: (specify indication) Other: (specify indication)	Venous (DVT) R L Arm Leg
HISTORY & PRESUMPTIVE DIAGNOSIS	
Please complete this section with as many details as possible. This en	ables our clinic staff to provide the most comprehensive patient care.
	Stat Phone Report Phone:
	Stat Fax Report Fax:
REFERRER INFORMATION ***All images ar	nd reports will be available on provincial PACS***

Practitioner's ID/Stamp:

Signature:

Send images with patient (USB copy)

_____ Fax: ____

Copy to:_____

Name:

Phone:

Address:

PATIENT INFORMATION

- 1. Please bring your health insurance card, government issued 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 prior to your appointment. If you are unable to keep your appointment, call 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.

PREPARATION INSTRUCTIONS

Complete Abdomen Ultrasound

Have nothing to eat or drink (except water) for six hours prior to examination.

For patients under 36 kg/80 lbs have nothing to eat or drink (except water) for three hours prior to examination.

Renal, Pelvic, Obstetrical Ultrasounds

Drink one litre of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty the bladder. For patients under 36 kg/80 lbs drink 500 ml of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort.

Fetal Growth and Biophysical Profile (BPP) Ultrasounds

Prior to the examination have a snack.

Combination Pelvis and Abdomen Ultrasound

Do not eat for six hours prior to the examination. Drink one litre of water, 1.5 hours prior to your examination. Finish all water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort

For patients under 36 kg/80 lbs Do not eat for three hours prior to the examination. Drink 500 ml of water, 1.5 hours prior to your examination. Finish drinking the water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort.

Mammography

Do not use deodorant, antiperspirant, lotion, or powders before the examination. If tenderness is an issue, stay on a caffeine-free diet. Delay booking until premenstrual tenderness subsides. Please wear a two-piece outfit.

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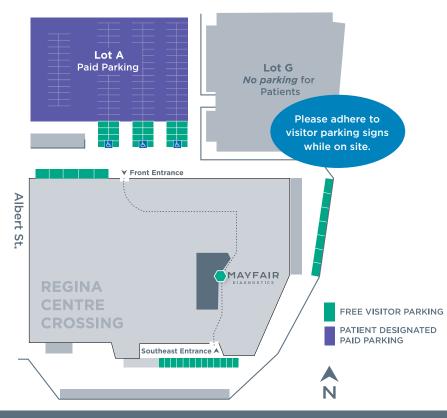
Mayfair Diagnostics Regina

1621 Albert Street

Regina, Saskatchewan S4P 2S5



REGINA CENTRE CROSSING PARKING





ORDER FORM

Attention! You are almost out of requisition forms.

TO REPLENISH YOUR SUPPLY OF GENERAL REQUISITION FORMS:

E-mail your request to bd@radiology.ca.

Print requisitions directly from physicians.radiology.ca.

EMR upload assistance available. Please contact us at bd@radiology.ca.

Clinic:	
Address:	
Phone:	
Email:	
EMR:	
Number of requisition pads required:	
Thank you for your referrals.	
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