

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

 Check if Applicable: **URGENT**

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____

Alt. Phone: _____

Date of Birth: _____

Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Reason for Referral:

ULTRASOUND
GENERAL ULTRASOUND

- Abdomen + Pelvis (Incl. reproductive organs)
- Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
- Kidneys*
- Bladder
- Hernia (specify site): _____
- Other: _____

*Baseline abdominal ultrasound may be performed

PELVIS

- Female Pelvis (Excl. Transvaginal)
- Male Pelvis (Excl. Transrectal)

OBSTETRICAL

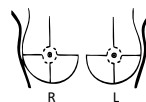
- EDC (Required):** _____
- Dating (< 16 weeks)
- Anatomy (18-20 weeks)
- Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
- Fetal Growth (30+ weeks)
 - BPP UA Doppler MCA Doppler
- Biophysical Profile (BPP)
- Twin Series (> 18 weeks)
- Follicular Study

SMALL PARTS

- Salivary Glands
- Thyroid
- Chest
- Groin R L
- Inguinal Canal R L
- Testes/Scrotum
- Soft Tissue/Lump (specify site): _____

BREAST

- R L**
- Targeted Breast Ultrasound** (indicate quadrant on diagram)



**Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.

MUSCULOSKELETAL

- R L**
- Shoulder
- Knee
- Achilles Tendon
- Other: _____

VASCULAR

- R L**
- Venous - Lower Extremity (DVT)
- Venous - Upper Extremity (DVT)
- Carotid

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____ (Print Name)

_____ (Signature)

Billing Provider #: _____

CPSO #: _____

Tel #: _____

Fax #: _____

Date: _____

Copy To: _____

 Report Delivery Preference: Fax HRM Other: _____

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All our services require a scheduled appointment.
Please provide 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

ULTRASOUND

ABDOMEN: No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

PELVIC: You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

ABDOMEN & PELVIC: No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

OBSTETRIC: You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

RENAL: No eating or drinking for 3 hours before your appointment.

RENAL & BLADDER: No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

OTHER: No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

ULTRASOUND (CHILDREN AGES 0-17 YEARS)

ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.



Visit [MyHealthCentre.ca](https://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx)

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This requisition form can be submitted to any licensed healthcare facility, including hospitals and IHFs, such as those listed here: www.health.gov.on.ca

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