		REQUEST FOR EXAMINATION – HUNTSVILLE		
Solution State Sta	IOSTIC	Huntsville Professional Building (near Huntsville District Memorial Hospital) 348 Muskoka District Road 3, Suite 202 Huntsville, ON P1H 1H8 T: 705-787-1491   F: 705-789-9698   E: huntsville@myhealthcentre.ca		
PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)				
Check if Applicable: URGENT Full Name (Birth): Preferred Full Name (If Different from Birth): Address: Prov.: City: Prov.: Prov.: Cell Phone: Al Date of Birth: Health Card #: Gender (Birth): Preferred Gen Height (cm): Weight (kg):	Postal Code: t. Phone: Version: der (If Different from Birth):	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:	OBSTETRICAL EDC (Required): Dating (< 16 weeks) Prenatal Screening (IPS/eFTS 11-14 wee Anatomy (18-20 weeks) Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks) Fetal Growth (30+ weeks) O BPP O UA Doppler O MCA Doppl	Targeted Breast Ultrasound**     (indicate quadrant on diagram)	MUSCULOSKELETAL R L Shoulder Knee Achilles Tendon Other:	

\*Baseline abdominal ultrasound may

be performed

PELVIS

Female Pelvis (Incl. Transvaginal)

□ Male Pelvis (Excl. Transrectal)

- □ Biophysical Profile (BPP)
- □ Follicular Study

### SMALL PARTS

- □ Salivary Glands
- □ Thyroid
- □ Chest
- 🗆 Groin
- OR OL Inguinal Canal OR OL
- □ Testes/Scrotum
- □ Soft Tissue/Lump

(specify site):

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

**REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)** 

Referring Provider:	(Signature)		
Billing Provider #:	CPSO #:		
Tel #:	Fax #:		
Date:			
Сору То:			
Report Delivery Preference:  □ Fax  □ HRM  □ Other:			
Access your patient radiology reports at WELLdiagnostics.ca/Access			









v02-20-2024

MyHealth is now WELL Health Diagnostic Centres. We're the same team with a new name, providing the highest standard of accredited patient care!

- All our services require a scheduled appointment.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit WELLdiagnostics.ca/Locations.
- We will send your diagnostic report to your referring HP (healthcare provider), who will follow-up with you. We can send it to additional HPs upon your request.

## 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 you 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 **WELLdiagnostics.ca** or scan this QR code:



- ✓ Location services, hours and directions
- ✓ Chat live and book appointment online
- ✓ Test preparation in 20+ languages
- ✓ Reqs for sleep disorders, PET/CT and more
- $\checkmark\,$  Access your radiology images and results
- ✓ Latest news and insights
- ✓ Inquiry forms and satisfaction surveys
- $\checkmark\,$  Join our team

For Northern Health Travel Grant: www.health.gov.on.ca/en/public/publications/ohip/northern.aspx

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