

## REQUISITION

Address: 101-1057 Main St W, Hamilton ON, L8S 1B7 Phone: (289) 396-1622 Fax: (905) 667-0633

## PATIENT DEOMOGRAPHIC DETAILS

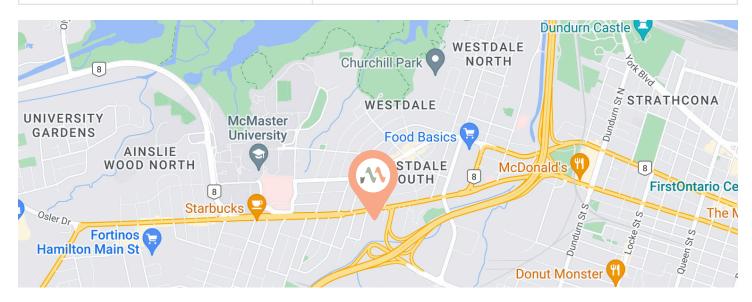
| A complete and accurate<br>referral must be faxed before an  | First Name:   | Last Name:  |
|--|---|---|
| appointment will be made. Offices<br>are reponsible for notifying the<br>patient of their appointment date | D.O.B: Pronouns:  | Health Card Number:   |
| and time.  | Telephone:  | Address:  |
|  |   |   |
| APPOINTMENT INFO   | RMATION   | IMPORTANT NOTE  |
| Appointment Date(YYYY MM DD)   | Time(HH MM)   | Please include copies of previous<br>ultrasounds if available |
| ULTRASOUND INFORMATION   |   |   |
| GENERAL  | Thyroid   | OTHER (SPECIFY)   |
| Abdominal<br>(includes aorta, liver, gallbladder,<br>kidneys, & spleen)                                    | MUSCULOSKELETAL Please specify in relevant medical history                        |   |
| Kidneys/Bladder  | OBSTETRICAL   | LMP   |
| Pelvic Ultrasound  | Early OB-dating/viability   | (YYYY MM DD)<br>OR  |
| Abnormal Bleeding Cyst Pelvic Pain Fibroids IUD Position   | NT Scan (11-14 Weeks)<br>*Patient MUST bring blood<br>requisition to appointment* | Established EDC(YYYY MM DD)                                   |
| Transvaginal required?   | Anatomy (18-22 weeks)   | Multiple Gestation? Please circle one.                        |
| Yes No Male pelvic   | BPP   | Yes No Unknown If YES specify number                          |
| Scrotal Prostate   | e.g., prior incomplete scan,<br>cervical length, fetal presentation               |   |
|  |   |   |

## **RELEVANT MEDICAL HISTORY**

| Referring Healthcare Provider's Name: _ |      | Signature: |  |
|---|------|------------|--|
| Telephone #:                            | Fax: | Billing #: |  |

## **APPOINTMENT INSTRUCTIONS**

| NT ultrasound scan   | Drink 4-6 glasses of liquid 1 hour prior to the exam   |
|--|--|
| Early obstetrical ultrasound   | Drink 4-6 glasses of liquid 1 hour prior to the exam   |
| Routine obstetrical anatomy  | Drink 2-3 glasses of liquid 1 hour prior to appointment  |
| Limited obstetrical ultrasound   | Drink 2-3 glasses of liquid 1 hour prior to appointment  |
| Pelvic ultrasound  | Drink 4-6 glasses of liquid 1 hour prior to the exam   |
| <b>Abdominal</b> (includes aorta, liver, gallbladder, kidneys, & spleen) | Fasting for 8 hours  |
| Thyroid  | No preparation required  |
| Scrotal  | No preparation required  |
| Musculoskeletal  | No preparation required  |
| Prostate   | 3 glasses of water finished 1 hour before your appointment time. Do not empty.                             |
| Kidneys/bladder  | Fasting for 8 hours, and 3 glasses of water finished<br>1 hour before your appointment time. Do not empty. |



Take the Main Street West exit off the 403.

We are just one block west of the exit, next to the Columbia International College We offer ample free parking at the rear of our building