West Lincoln Memorial Hospital

ULTRASOUND REQUISITION

patName
patAddressLabel
Phone: patHomePhone.default
DOB: patBirthdate.default
Sex: patSex
Health Card #: patHN patVersionCode

Fax # 905-945-5148
Telephone # 905-945-2253, ext. 337

To Schedule or Change an appointment - call # 905-945-2253, ext. 337, between 8am and 3pm

☐ FIRST AVAILABLE   ☐ EMERGENT (today)   ☐ Out-Patient   ☐ Admit No Bed   ☐ Isolation
                     ☐ URGENT (within 5 days)   ☐ In-Patient: _____ -Ward or ☐ ER

PREPARATION REQUIRED

Abdomen: (please specify)   ☐ Complete or
                             ☐ Limited Study:

(specify organ(s) of concern below)
☐ gallbladder ☐ appendix ☐ aorta   ☐ kidneys Only
☐ abdominal wall ☐ inguinal hemia
☐ Other: (specify)

☐ Kidneys & Bladder

☐ Pelvis   ☐ **Include** Transvaginal

☐ Obstetrical: ☐ <16 wks ☐ 18-20 wks
                           (specify)
              ☐ Other:
Specify LMP:

PREPARATION REQUIRED

☐ Breast   ☐ Left ☐ Right
☐ Chest   ☐ Left ☐ Right
☐ Scrotum
☐ Thyroid
☐ Musculoskeletal: ☐ Shoulder ☐ Left ☐ Right
                   ☐ Pop. Fossa ☐ Left ☐ Right
☐ Carotid/Vertebral Duplex Ultrasound
☐ Venous Duplex Leg Ultrasound ☐ Left ☐ Right
☐ Echocardiogram
☐ Other: (specify)

(For Office Use Only)

CLINICAL HISTORY

Previous Relevant Imaging?
☐ US ☐ CT ☐ Radiograph ☐ MRI
Specify at which Institution/Hospital:

_____

-Please fax report of relevant past imaging with request

Referring Physician: (Please Print)	Physician Signature:	Date:
patMdName		...tDate.dd / ...e.mmm / ...ate.yyyy

INCOMPLETE REQUESTS WILL BE RETURNED FOR COMPLETION PRIOR TO THE PATIENT'S EXAM BEING BOOKED/SCHEDULED.

-APPOINTMENTS WILL <u>NOT BE BOOKED</u> WITHOUT THIS FAXED REQUISITION-

Check PATIENT PREPARTIONS on REVERSE

00002/04/2010

Created April 2014