ULTRASOUND REQUISITION

WOODSTOCK HOSPITAL

Department of Diagnostic Imaging
310 Juliana Drive
Woodstock, ON N4V0A4
Phone: 519-421-4204 Fax: 519-421-4241

Central Bookings
Phone: 519-537-2381 Fax: 519-421-4238

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____
Phone:_____Fax:_____

Ordering Physician or Authorized Health Care Provider Signature:

Copy to:_____
☐Call report to (Phone Number):_____

Patient Information:

Name (Last, First): _____
DOB: _____ ☐M ☐ F PIN:_____
MMM DD YYYY
Address:_____
Phone Number (Home):_____
(Other):_____
Health Card Number:_____ Version Code:_____
☐ WSIB? (Please include approval for specific exam)
Claim Number:_____ Date of injury:_____
☐ 3rd Party or Insurance (Company or Self-pay):_____

Does this patient have special needs or impairments?
(Please specify):_____
☐ Hold patient ☐ Send to Office ☐ Other_____

Clinical Indication, History: (reason for exam)

PATIENTS PRESENTING UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RE-BOOKED
Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238

Examination(s) Requested:

EXAMS REQUIRING PREPARATION	PREPARATION
☐ Abdomen ☐ Kidneys ☐ Aorta ⇨	• Nothing to eat or drink for 8 hours prior
☐ Abdomen and Pelvis ☐ Kidney and Bladder (Renal Colic) ☐ Pelvis and Limited Abdomen (Diverticulitis) ⇨	• Nothing to eat for 8 hours prior • No smoking or chewing gum for 8 hours prior • Drink 1 litre (32 ounces) of water, and be finished 1 hour before • Do not empty bladder
☐ Pelvis ☐ Trans-abdominal only ☐ Transvaginal, if indicated ☐ Obstetrical Twins ☐ Obstetrical Routine (greater than 19 weeks) ☐ Obstetrical Dating ☐ Obstetrical Enhanced First Trimester Screen (eFTS) ☐ Obstetrical (High Risk) ⇨	• No food restrictions • Drink 1 litre (32 ounces) of fluids, and be finished 1 hour before • Do not empty bladder

EXAMS WITH NO PREPARATION	EXAMS WITH PREPARATION - SEE PAGE 2 ⇨
☐ Echocardiography ☐ Carotid Doppler ☐ Thyroid ☐ Neck ☐ Face ☐ Scrotum (Testicular) ☐ Chest (Masses) ☐ Abdominal wall (Hernia)	☐ Hysterosonogram ☐ Thyroid Biopsy or Aspiration ☐ Lymph Node Biopsy ☐ Biopsy Other (specify)_____
Right Left ☐ ☐ Shoulder ☐ ☐ Knee (for Baker's Cyst) ☐ ☐ Achilles Tendon ☐ ☐ Arm Arteries ☐ ☐ Arm Veins ☐ ☐ Leg Arteries ☐ ☐ Leg Veins (DVT) ☐ ☐ Leg Veins (venous insufficiency) ☐ ☐ Groin (inguinal hernia)	**Right Left** ☐ ☐ Joint Injection (Knee)
☐ Soft Tissue Other (specify)_____	**Note:** for Prostate-Transrectal❖ and Prostate-Transrectal Biopsy❖ ❖ **Please use separate Prostate-Transrectal requisition and follow instructions from there**

Appointment Date: **Appointment Time:**

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD
Requirements and preparations for examinations provided with requisition on page 2 ⇨
To cancel or reschedule this appointment please call Central Bookings: 519-537-2381

ULTRASOUND EXAMS REQUIRING PREPARATION

EXAM	PREPARATION	DURATION
Abdomen, **Kidneys,** **Aorta**	• Nothing to eat or drink after midnight • No smoking or chewing gum for 8 hours prior to and up to appointment time • Continue your medications as usual	30 minutes
Abdomen and Pelvis (Combined), **Kidney and Pelvic,** **Pelvis and Limited-Abdomen**	• Nothing to eat for 8 hours prior • No smoking or chewing gum for 8 hours prior to and up to appointment time • Continue your medications as usual • Finish drinking 1 litre (32 ounces) of water 1 hour PRIOR to your appointment time for the pelvic ultrasound. Your bladder must be full and this exam will be performed first • DO NOT EMPTY your bladder unless you experience extreme discomfort and then only empty enough to relieve discomfort (usually about 250-300 mL) **INSULIN DEPENDENT DIABETIC PATIENT ONLY** • Take your normal insulin dose with clear juice (no food) the day of your appointment • After exam, resume normal routine	30 minutes
Pelvic, **Obstetrical** (Pregnancy), **Prostate-Transabdominal** (for Prostate-Transrectal, preparation is on page 2 of Prostate-Transrectal requisition)	• No food restrictions • Continue your medications as usual • Finish drinking 1 litre (32 ounces) of water 1 hour PRIOR to your appointment time for the pelvic ultrasound. Your bladder must be full for this exam • DO NOT EMPTY your bladder unless you experience extreme discomfort and then only empty enough to relieve discomfort (usually about 250-300 mL) **Note for Obstetrical** • The exam must be completed before anyone is brought into the room • We ask that you refrain from asking the Sonographer for any ultrasound results during the scan (including sex determination) • Your referring physician can provide you with the results at your follow-up appointment and answer any questions at that time	30 minutes to 1 hour
Hysterosonogram	• Pregnancy test (blood work) required the day before or 2 hours prior to appointment time **(IF NOT POSTMENOPAUSAL).** Please arrange through your attending physician • Exam should be booked 7-10 days after your period is finished. If you start your period, exam needs to be rescheduled. Please call Central Bookings to reschedule: 519-537-2381	30 minutes to 1 hour
Breast Localization	• Please follow instructions as per Pre-Admit Clinic	
Breast Aspiration, **Breast Biopsy,** **Joint Injection / Aspiration,** **Thyroid Biopsy / Aspiration,** **Other Biopsy,** **Lymph Node Biopsy**	• No restrictions on food or drink • No blood thinners (including aspirin), for 10 days prior to procedure If there is a concern regarding this, please advise your attending physician The Ultrasound Department must be notified if there are any modifications to the prep regarding medications	30 minutes
Liver Biopsy	• NPO 8 hours prior • No blood thinners (including aspirin), for 10 days prior to procedure. If there is a concern regarding this, please advise your attending physician. The Ultrasound Department must be notified if there are any modifications to the prep regarding medications • INR and PTT blood work required prior to procedure. If results of INR and PTT are greater than the high range of normal, please have attending physician discuss results with radiologist to confirm whether they will continue with procedure. Notify Ultrasound Department of any changes	30 minutes to 1 hour
Paracentesis, **Thoracentesis**	• No restrictions on food or drinks • Continue your medications as usual except blood thinner • INR and PTT blood work required prior to procedure. If results of INR and PTT are greater than the high range of normal, please have attending physician discuss results with radiologist to confirm whether they will continue with procedure. Notify Ultrasound Department of any changes	30 minutes to 1 hour

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS
To cancel or reschedule your appointment please call Central Bookings: 519-537-2381
For any questions regarding Ultrasound please call: 519-421-4204

Please be aware that this is a "Fragrance Free"