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	30 minutes

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" facility