PLEASE NOTE:

- Children whose parents are having an examination WILL NOT be allowed into the exam room **PLEASE MAKE THE NECESSARY BABYSITTING ARRANGEMENT**S.
- Please arrive 30 minutes prior to your scheduled appointment time for registration and changing if required.
- If you cannot keep your appointment, please telephone us immediately.
- If requesting a copy of an exam, please call 24 hours prior to pick-up.

PREPARATIONS AND INSTRUCTIONS:

☐ **OBSTETRICAL & PELVIC ULTRASOUND:**

1. 2 hours prior to your exam empty your bladder and drink 4 FULL 8-ounce glasses of water.
2. Finish drinking the water 1 hour prior to your exam. DO NOT empty your bladder before your exam.
3. If the pressure on your bladder becomes unbearable, you can release the equivalent of 1 cup of fluid.
4. During the final 8 weeks of pregnancy, you need to drink only 2 full 8-ounce glasses of water.

☐ **ABDOMINAL ULTRASOUND: i.e. Liver, Spleen, Gallbladder, Pancreas, Aorta, etc.**

1. Nothing by mouth for 12 hours prior to your examination - ABSOLUTELY no smoking and no chewing gum.
2. If you have essential medication that must be taken, a small amount of water is permitted.
3. **For insulin dependent diabetics ONLY**
   - If you are asked to miss breakfast, take **½** your normal dose of insulin
   - If you must miss any other meal, contact your doctor for further instructions
   - After the exam resume your usual diet and insulin routine

☐ **ABDOMINAL/PELVIC ULTRASOUND:**

1. Nothing by mouth except CLEAR FLUIDS for 12 hours prior to exam - ABSOLUTELY no smoking and no chewing gum.
2. 2 hours prior to your exam empty your bladder and drink 4 FULL 8-ounce glasses of water.
3. Finish drinking the water 1 hour prior to your exam. DO NOT empty your bladder before your exam.

☐ **RENAL (KIDNEY) ULTRASOUND**

☐ 1 hour prior to exam, DRINK at least 4 FULL 8-ounce glasses of water. Eat normally.

Patient Name (REQUIRED)
D.O.B
Address
Phone # HC #
Email Address

HEADWATERS Health Care Centre

ULTRASOUND REQUISITION

100 Rolling Hills Drive, Orangeville ON L9W 4X9

Phone: 519-941-2410
Fax: 519-941-7726
Mon-Fri: 7:00am – 7:45pm
Sat-Sun: 8:00am – 12:00pm & 12:45 – 3:45pm

BY APPOINTMENT ONLY

Without this SIGNED requisition your exam CANNOT be performed. Please bring your Ontario Health Card.
Please arrive 30 minutes prior to exam time. Late patients may be required to reschedule exams.
INCOMPLETE REQUESTS WILL BE RETURNED, RESULTING IN A DELAY OF BOOKING

Clinical Information (REQUIRED)

☐ Urgent Report Needed: **Direct Phone Number Required:** ☐ Follow up in ER

ULTRASOUND

OB/GYNE:
(OB-please include all previous reports)
- ☐ OB - Before 16 weeks
- ☐ OB – eFTS

(please include Trillium Health Partners bloodwork form)
- ☐ OB - Anatomy scan (18-20w)
- ☐ OB - BPP only
- ☐ OB - > 28 weeks
- ☐ Female Pelvis

(include Transvaginal, unless contraindicated)

Infant: **(Less than 1 yr old)**
- ☐ Brain
- ☐ Hips
- ☐ Spine
- ☐ Pyloric Stenosis

- ☐ Thyroid/Parathyroid
- ☐ Neck
- ☐ Salivary Glands
- ☐ Breast ☐ L ☐ R

(If Mammo is also required, please use Mammo requisition)
- ☐ Soft tissue/Mass

Specify: _____
- ☐ Hernia:

Specify Location: _____
- ☐ Other:

Specify: _____

- ☐ Abdomen Complete
  - ☐ Include Lt & Rt lower quadrants
- ☐ Abdomen Limited: (specify below)
  - ☐ GB/CBD
  - ☐ Kidneys only
  - ☐ Kidneys & Bladder
  - ☐ AAA
  - ☐ Liver only
  - ☐ Portal Doppler **(includes Liver & Spleen)**
  - ☐ _____
- ☐ Appendix

(Includes GB/CBD/RK/Complete Pelvis)
- ☐ Male Pelvis
- ☐ Scrotum

Vascular Doppler

- ☐ Arm Artery ☐ L ☐ R
- ☐ Leg Artery ☐ L ☐ R
- ☐ Renal Arteries
- ☐ Carotid and Vertebral

- ☐ Arm Vein ☐ L ☐ R
- ☐ Leg Vein ☐ L ☐ R
- ☐ Leg Vein - Incompetency ☐ L ☐ R
- ☐ Transplant Organ Vascular Assessment

Specify:

Musculoskeletal

- ☐ Adult Hip ☐ L ☐ R
- ☐ Knee ☐ L ☐ R
- ☐ Ankle ☐ L ☐ R
- ☐ Achilles ☐ L ☐ R
- ☐ Foot ☐ L ☐ R

- ☐ Shoulder ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R
- ☐ Wrist ☐ L ☐ R
- ☐ Hand ☐ L ☐ R
- ☐ Other specify:

Ordering Physician: (Print Name) _____ Billing #: _____

Ordering Physician Signature: _____

Date: _____ CC: _____

Office Phone Number: (Required) _____

Please refer to the preparation instructions sheet for the appropriate exam