



FOR AN APPOINTMENT PLEASE PHONE OR FAX:

Chesley 519-363-2340 Fax 519-363-5798 Durham 519-369-2340 Fax 519-396-1478
Kincardine 519-396-3331 Fax 519-396-1478 Walkerton 519-881-1220 Fax 519-881-1388

PATIENT INFORMATION:

Surname: _____ First Name: _____ Middle Initial: _____
Gender: _____ Date of Birth (YYYY-MM-DD): _____
Street Address: _____ Apartment: _____ City: _____ Postal Code: _____
Telephone (Day): _____ (Evening): _____ (Cell): _____
Health Card No. : _____ Version Code: _____
Special Instruction (Mobility, Communication etc); _____

Abdomen Prep: Nothing to eat or drink after midnight. Medications may be taken with sips of water.

Pelvic /Obstetrical Prep: Eat normally. Drink 32 oz (4 large glasses) of water. Finish drinking 1 hour before the exam. **Do not empty prior to exam.** If your bladder is not full you may have to rebook.

Abdomen/Pelvic Combination only: Nothing to eat after midnight. **Finish** drinking 4 large glasses of water 1 hour before exam. **Do not empty prior to exam.** If your bladder is not full you may have to rebook.

Abdomen (IMPORTANT See Above for Preparation)

- Complete Abdomen (pancreas, liver, kidney, GB, spleen, aorta)
- Renal (Kidney only) (No prep)
- Appendix
- Limited Abdominal Ultrasound : _____

Pelvic (IMPORTANT see above for preparation)

- Pelvic (uterus, ovaries, bladder, prostate)
- Kidneys, Ureter, Bladder
- Bladder Only
- Post-void Residual Only

Obstetrical (IMPORTANT See Above for Preparation)

- Under 16 weeks
- Nuchal Translucency (11-14 weeks)
- Full Routine (18-20 weeks)
- Limited:
 - Biophysical Profile
 - Growth
 - Placental Position
 - Cervical Length
 - Other: _____

Small Parts

- Breast (on radiologist advice or palpable lump, Mammography to be included)
 - Right Left Bilateral
- Scrotal
- Thyroid
- Face / Neck / Other: _____
- Hernia (specify location): _____
- Lump (specify location): _____
- Other _____

Musculoskeletal

- Shoulder
 - Right Left Bilateral

Vascular

- Right Left Bilateral
- Carotid Doppler
- Lower Extremity Arterial Doppler (*we do not include exercise testing*)
- Lower Extremity Venous Doppler / rule out DVT
- Lower Extremity Venous Doppler for reflux
- Upper Extremity Venous Doppler / rule out DVT

Specialty Exams (Walkerton Only)

- Pyloric Stenosis Pediatric Hip

HISTORY (Mandatory)

All exams will be booked next available appropriate appointment. For urgent / emergent requests physician **must** call department.

EMERGENCY DEPARTMENT USE ONLY 24 hour 48 hours Next Available
 Return to ER for Follow UP Follow Up with Family Doctor

PHYSICIAN SIGNED REQUISITION MUST BE PRESENTED TO TECHNOLOGIST AT TIME OF APPOINTMENT

Date _____ Physician Printed Name _____ Signature _____ Copies to: _____