The Ultrasound Centre

ULTRASOUND
X-RAY

REQUISITION FORM

Central Bookings
306-933-4500

PATIENT INFORMATION

Please bring your requisition and healthcare card to your appointment

Name _____ ☐ M ☐ F

DOB _____ PHN _____

Phone _____

Address _____

_____

PATIENT LABEL

APPOINTMENT

Date _____

Time _____

LOCATIONS

Scan QR Code for directions
Request appointment online

☐ **Saskatoon Stonebridge** (US/Xray)
3211 Preston Ave S, Saskatoon SK S7T 1C9
Main P: 306-933-4236 F: 306-244-4691
Xray P: 306-244-4690 F: 306-373-6647
CCFP P: 306-242-1283 F: 306-652-1286
Mon - Fri 7:30 am - 6:00 pm

☐ **Saskatoon Downtown** (US/Xray)
514 Queen St, Saskatoon SK S7K 0M5
P: 306-933-4522 F: 306-933-0058
Mon - Fri 8:00 am - 4:00 pm

☐ **Saskatoon Lawson Heights** (Ultrasound)
75 Lenore Dr, Saskatoon SK S7K 7Y1
P: 306-933-4554 F: 306-933-4553
Mon - Fri 7:30 am - 6:00 pm

☐ **Warman** (Ultrasound)
100 6th Ave S, Warman SK S0K 4S0
P: 306-933-4235 F: 306-933-3230
Mon - Fri 8:00 am - 4:00 pm

☐ **Rosthern** (Ultrasound)
6001 12th St, Rosthern SK S0K 3R0
P: 306-232-4955 F: 306-232-4956
Mon - Fri 8:00 am - 4:00 pm

CLINICAL HISTORY *(Required)*

X-RAY EXAM REQUESTED *(No Appointment Required)*

ULTRASOUND *(By Appointment Only)*

General
- ☐ Abdomen
  - ☐ Elastography ☐ Portal Doppler
- ☐ Renal
- ☐ Bladder
- ☐ Pelvis
  - ☐ IUD Only
- ☐ Hernia
- ☐ Scrotum
- ☐ Neck/Thyroid
- ☐ Soft Tissue

Pediatrics
- ☐ Brain
- ☐ Spine
- ☐ Hips
- ☐ Pylorus

Obstetrics
- ☐ 1st Trimester/Dating
- ☐ Nuchal Translucency → ☐ All
- ☐ Detailed (>18 wk)
- ☐ 2nd Trimester OB
- ☐ 3rd Trimester OB
- ☐ Biophysical (BPP)

Cardiovascular
- ☐ Carotid
- ☐ Venous Arm ☐ R ☐ L
- ☐ Venous Leg ☐ R ☐ L
- ☐ Echocardiogram
- ☐ Other: _____

Musculoskeletal
- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Other: _____

Chest
- ☐ Chest Wall
- ☐ Breast ☐ R ☐ L
- ☐ Axilla ☐ R ☐ L

EXAM PREPARATION

Abdomen: Nothing to eat or drink 6 hrs prior to exam.
Pelvis: Full bladder: 3-4 glasses of water to be finished 1 hr prior to exam.
Renal/Bladder: Full bladder required (see above).
Obstetrics: Full bladder required (see above).

Technologist Notes

LMP/EDC: _____

PRACTITIONERS INFORMATION

Practitioners Name _____

Signature _____

Phone/Fax _____

Copy To _____

☐ Stat Phone Report
P: _____

☐ Stat Fax Report
F: _____

☐ Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID

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