



REQUISITION FORM

Central Bookings 306-933-4500

PATIENT INFORMATION	Please bring your requisition and	d healthcare card to	your appointment		
Name			□ M □ F	APPOINT	MENT
DOB	PHN			Date	
Phone				Time	
Address	B PATIENT LABEL				
					LOCATIONS
CLINICAL HISTORY					Scan QR Code for directions Request appointment online
CLINICAL HISTORY				□ Saskatoor	ո Stonebridge
				3211 Presto P: 306-933-	n Ave S, Saskatoon SK S7T 1C9 4236 F: 306-244-4691 30 am - 6:00 pm
				☐ Saskatoor	
				P: 306-933-4	St, Saskatoon SK S7K 0M5 4522 F: 306-933-0058 00 am - 4:00 pm
ULTRASOUND					
General	eneral Obstetrics		Musculoskeletal		n Lawson Heights br, Saskatoon SK S7K 7Y1 4554 F: 306-933-4553
☐ Abdomen☐ Elastography☐ Portal Doppler	☐ 1st Trimester/Dating☐ Nuchal Translucency→ ☐ All	☐ Shoulder☐ Elbow	□R □L □R □L		00 am - 4:00 pm
☐ Renal	☐ Detailed (>18 wk)	☐ Wrist	\square R \square L	☐ Warman	0. Warran OK OOK 400
☐ Pelvis ☐ IUD Only ☐ Bladder Only	□ 2nd Trimester OB□ 3rd Trimester OB	☐ Hand☐ Hip	□R □L □R □L	P: 306-933-4	S, Warman SK S0K 4S0 4235 F: 306-933-3230
☐ Hernia	☐ Biophysical (BPP)	□ Hip □ Knee		Mon - Fri 8:0	00 am - 4:00 pm
□ Scrotum	. , , ,	☐ Ankle	□R□L	Rosthern	t, Rosthern SK S0K 3R0
☐ Neck/Thyroid☐ Soft Tissue	Cardiovascular	☐ Foot☐ Other:	\Box R \Box L	P: 306-232-4	4955 F: 306-232-4956
Pediatrics	☐ Carotid			MOH - FII 8:0	00 am - 4:00 pm
□ Brain	□ Venous Upper □ R □ L□ Venous Lower □ R □ L	Chest ☐ Chest Wall		Technolog	ist Notes
☐ Spine	☐ Echocardiogram	☐ Breast	\Box R \Box L		,
□ Hips	Other:	☐ Axilla	□R□L		
☐ Pylorus				LMP/EDC:	
Other Ultrasound: EXAM PREPARATION Abdomen: Nothing to eat or drink 6 hrs prior to exam.				Previous o	on PACS Y N
	Pelvis: Full bladder: 3-4 glasses of water 1 hr prior to exam. Renal/Bladder: Full bladder required (see above). Obstetrics: Full bladder required (see above).			Location	

PRACTITIONERS INFORMATIO

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Practitioners Name	Stat Phone Report P:				
Signature	□ Stat Fax Report				
Phone/Fax	F:				
Сору То	Send Patient with Images (CD Copy)				

PRACTITIONERS STAMP/ID

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