



The Ultrasound Centre



SASK SPORTS IMAGING

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 \_\_\_\_\_



APPOINTMENT

Date \_\_\_\_\_

Time \_\_\_\_\_



LOCATIONS

Scan QR Code for directions
Request appointment online

- Saskatoon Stonebridge
Saskatoon Downtown
Saskatoon Lawson Heights
Warman
Rosthern

CLINICAL HISTORY

Empty box for clinical history

ULTRASOUND

General

- Abdomen
Elastography
Portal Doppler
Renal
Pelvis
Hernia
Scrotum
Neck/Thyroid
Soft Tissue

Obstetrics

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

Cardiovascular

- Carotid
Venous Upper
Venous Lower
Echocardiogram
Other:

Musculoskeletal

- Shoulder
Elbow
Wrist
Hand
Hip
Knee
Ankle
Foot
Other:

Chest

- Chest Wall
Breast
Axilla

Pediatrics

- Brain
Spine
Hips
Pylorus

Other Ultrasound:

Blank lines for other ultrasound

EXAM PREPARATION

Abdomen: Nothing to eat or drink 6 hrs prior to exam.
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).

PRACTITIONERS INFORMATION

Practitioners Name \_\_\_\_\_

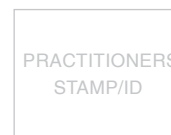
Signature \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Copy To \_\_\_\_\_

- Stat Phone Report
Stat Fax Report
Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID



Previous on PACS  Y  N

Location