



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 \_\_\_\_\_  
PATIENT LABEL

APPOINTMENT

Date \_\_\_\_\_  
Time \_\_\_\_\_

CLINICAL HISTORY

CLINICAL HISTORY

ULTRASOUND

General

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

Obstetrics

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

Cardiovascular

- Carotid
- Venous Upper  R  L
- Venous Lower  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

Pediatrics

- Brain
- Spine
- Hips
- Pylorus



LOCATIONS

Scan QR Code for directions  
Request appointment online

- Saskatoon Stonebridge**  
3211 Preston Ave S, Saskatoon SK S7T 1C9  
P: 306-933-4236 F: 306-244-4691  
Mon - Fri 7:30 am - 6:00 pm
- Saskatoon Downtown**  
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**  
75 Lenore Dr, Saskatoon SK S7K 7Y1  
P: 306-933-4554 F: 306-933-4553  
Mon - Fri 8:00 am - 4:00 pm
- Warman**  
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**  
6001 12th St, Rosthern SK S0K 3R0  
P: 306-232-4955 F: 306-232-4956  
Mon - Fri 8:00 am - 4:00 pm

Technologist Notes

\_\_\_\_\_  
LMP/EDC: \_\_\_\_\_

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).

Previous on PACS  Y  N

Location

PRACTITIONERS INFORMATION

Practitioners Name \_\_\_\_\_  Stat Phone Report  
Signature \_\_\_\_\_ P: \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  Stat Fax Report  
Copy To \_\_\_\_\_ F: \_\_\_\_\_  
 Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID

