



The Ultrasound Centre



SASK SPORTS IMAGING

PAIN THERAPY REQUISITION

REQUISITION FORM

Central Bookings
306-933-4500

PATIENT INFORMATION

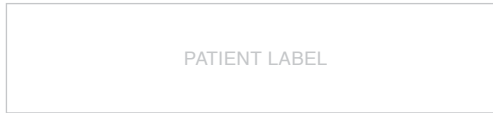
Please bring your requisition and healthcare card to your appointment

Name _____ M F

DOB _____ PHN _____

Phone _____

Address _____



APPOINTMENT

Date _____

Time _____



LOCATIONS

Scan QR Code for directions and to request an appointment online

- 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

CLINICAL HISTORY

Empty box for clinical history

ULTRASOUND GUIDED PROCEDURES

Physician Consultation (The most appropriate procedure will be arranged) Standing Order/Procedure Repeat (No. of Times)

Grid of checkboxes for various joints and procedures: Shoulder, Wrist/Hand, Hip/Pelvis, Ankle/Foot, Elbow, Knee, Other Joint/Tendon/Bursa.

EXAM PREPARATION

- Continue taking regular prescribed medications. (You may require temporary changes to your medication if you are on blood thinners.)
- Please refrain from heavy lifting or strenuous activity for at least 24 hrs following your procedure.
- It is normal to experience light pain or discomfort following your procedure. If you suffer steadily worsening pain fever/chills, or any signs of infection, please contact your doctor immediately or proceed to the nearest urgent care centre if your doctor is unavailable.
- All procedures can affect your ability to operate a motor vehicle. It is recommended to arrange transportation to and from the exam.

Previous on PACS Y N

Location _____

PRACTITIONERS INFORMATION

Practitioners Name, Signature, Phone/Fax, Copy To, Stat Phone Report, Stat Fax Report, Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID

