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 _____

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 7:30 am - 6:00 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

CLINICAL HISTORY

ULTRASOUND

General
☐ Abdomen
☐ Elastography ☐ Portal Doppler
☐ Renal
☐ Pelvis
☐ IUD Only ☐ Bladder 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 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

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 _____

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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