

DIAGNOSTIC IMAGING RURAL ULTRASOUND REQUISITION

Booking Information

Phone: 403-328-1122 Fax: 403-328-1218

www.lethbridgeradiology.com

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APPOINTMENT DATE / TIME:	BRING VALID HEALTH CARE CARD & THIS FORM. If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment. NO SHOWS MAY BE CHARGED. CHILDREN ARE NOT ALLOWED IN EXAM ROOMS. CHILD CARE IS NOT PROVIDED
NAME: (LAST) (FIRST) (MIDDLE)	□AHC #: □WCB #
ADDRESS: CITY:	OUT OF PROVINCE #
POSTAL CODE: PROVINCE:	AGE: DOB: (MM / DD / YEAR) LMP: (MM / DD / YEAR)
PHONE #: (HOME) (WORK / CELL)	☐ MALE ☐ FEMALE PREGNANT: ☐ YES ☐ NO
ORDERING PHYSICIAN:	SEND COPY TO:
ORDERING PRAC ID:	CLINIC NAME:
CLINIC NAME:	PHONE #:
PHONE #: FAX #:	FAX REPORTS TO #:
HISTORY & PROVISIONAL DIAGNOSIS: Wheelchair, walker, limited mobility, etc. (allow more time) Relevant prior imaging: (LOCATION AND DATE OF EXAM) *Discretion to modify order as per Radiologist	M.D
PLEASE CHOOSE EXAM LOCATION PINCHER CREEK HEALTH CENTER 1222 Bev McLachlin Dr, Pincher Creek, AB T0K 1W0 THE TABER CLINIC 4900 44 St, Taber, AB T1G 1G1 CARDSTON CLINIC – MAIN STREET 271 Main St, Cardston, AB T0K 0K0 CROWSNEST PASS HEALTH CENTRE 2001 107 St, Blairmore, AB T0K 0E0	□ RAYMOND HEALTH CENTER 150 N 4 St E, Raymond, AB T0K 2S0 □ VULCAN HEALTH CENTER 610 Elizabeth St, Vulcan, AB T0L 2B0 □ CLARESHOLM GENERAL HOSPITAL 221 43 Ave W, Claresholm, AB T0L 0T0
ARM VENOUS DOPPLER LEG VENOUS DOPPLER BILATERAL LEFT RIGHT ARTERIAL DOPPLER (LEGS / ARMS) CAROTID DOPPLER RENAL ARTERY DOPPLER NECK SCROTUM THYROID	
ULTRASOUND (PREPARATION REQUIRED)	OBSTETRIC ULTRASOUND (PREPARATION REQUIRED)
□ ABDOMEN	□ First trimester dating ultrasound AND ■ A
☐ APPENDIX (FULL BLADDER REQUIRED) After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment	Second trimester detailed ultrasound (18-22 weeks) May include follow-up for structures not well seen
time. Medication(s) can be taken with a small amount of water.	☐ Third trimester ultrasoundncluding a biophysical profile (BPP)
☐ PELVIS ☐ KIDNEYS, URETER, AND BLADDER (KUB) ☐ PELVIS WITH APPENDIX	☐One time ASAP or Week:
FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes	☐ Weekly
before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH	□Biweekly
ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL	Patients with a BPP of 6/8 or less will be sent to your local hospital within one hour of the exam for a nonstress test (NST)
total). ABDOMEN AND PELVIS After midnight, nothing to eat, no chewing gum or candies and no smoking.	90 minutes prior to your appointment, empty your bladder, then drink water as specified below. The amount of water you need to drink depends on how far along you are in your pregnancy:
FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If	 Up to 25 weeks - 3 glasses of water, 8 oz. each (750 mL total) Over 25 weeks - 1 glass of water, 8 oz. (250 mL total)
the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).	DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled.
☐ ABDOMINAL WALL (NO FASTING REQUIRED)	DO NOT BRING CHILDREN TO YOUR APPOINTMENT, unless accompanied by an adult (other than the patient). Fathers with children present will be asked to
SITE:	remain in the waiting room until the end of the exam when they can be brought in to view the baby. Fathers unaccompanied by children are welcome to view the obstetrical ultrasound.