



Bookings Tel: (705) 444-8670

Fax: (705) 445-7593

CGMH is a scent free facility

ULTRASOUND REQUISITION

Patient Name: _____

D.O.B _____ Healthcard# _____

Address _____

Phone # _____ Cell # _____

Mobility Issues: ☐ N / ☐ Y: _____

CLINICAL INFORMATION (mandatory):

☐ Urgent ☐ Routine

☐ Follow up due _____

REFERRING HEALTH CARE PROVIDER:

Signature _____

Printed Name _____

Fax # _____

Copy To _____

NO PREPARATION EXAMS

☐ Scrotal/Testicular

☐ Thyroid

☐ Neck

☐ Hernia Location: _____

☐ Soft Tissue Mass Location: _____

☐ Other: _____

Musculoskeletal:

☐ Shoulder

☐ Right ☐ Left

☐ Achilles

☐ Right ☐ Left

☐ Other: _____

Doppler:

☐ Carotid

☐ Venous Leg (for DVT only)

☐ Right ☐ Left

☐ Venous Arm (for DVT only)

☐ Right ☐ Left

☐ Ankle Brachial Indices (ABI)

FASTING EXAMS

Nothing to eat or drink after midnight (including gum or candy)

☐ Abdomen Complete (above umbilicus)

☐ Aorta - AAA Screen

FASTING EXAMS with FULL BLADDER

Nothing to eat after midnight, empty bladder 1.5 hrs prior to test & finish drinking 32oz (1L) of water 1 hr prior to test – DO NOT VOID

☐ Abdomen Complete & Pelvis Complete

☐ Appendix (Biliary, Rt Kidney, RLQ & Pelvis)

FULL BLADDER EXAMS

Empty bladder 1.5 hrs prior to test, finish drinking 32oz (1L) of water 1 hr prior to test – DO NOT VOID

☐ Male Pelvis (bladder & prostate)

☐ Female Pelvis (bladder, uterus & ovaries)

☐ Female Pelvis & Transvaginal

☐ Renal Imaging Study (kidneys & pelvis)

Obstetrical:

LMP _____ EDD _____

☐ 1st trimester/dating

BETA HCG & Date: _____

☐ Nuchal Translucency (11-14wks)

☐ 3rd trimester

☐ Routine Anatomy (18-20wks)

☐ Biophysical Profile (BPP)

☐ 2nd trimester (follow-up)

☐ Twins

Please arrive 20 minutes prior to your appointment time to allow for registration.

OBSTETRICAL EXAMS: ONE VISITOR WILL BE PERMITTED TO VIEW AT THE END OF THE EXAM. IMAGES ARE PROVIDED AT THE NUCHAL TRANSLUCENCY AND ANATOMY SCAN ONLY. FETAL SEX IS NOT DISCLOSED DURING THE EXAM BUT CAN BE INCLUDED IN THE REPORT.