



Diagnostic Imaging Department

Ultrasound Requisition

Name: \_\_\_\_\_ M / F
Address: \_\_\_\_\_
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_
D.O.B. \_\_\_\_\_ Health Card #: \_\_\_\_\_
Unit #: \_\_\_\_\_

Please arrive 20 minutes before your appt. Late arrival may affect or cancel your appt.

APPOINTMENT
Day \_\_\_\_\_
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
Appointment LOCATION
Georgetown 1 Princess Anne Dr., Georgetown, ON L7G 2B8 Phone: 905-873-4596 Fax: 905- 873-4593
Milton 725 Bronte St. S., Milton, ON L9T 9K1 Phone: 905-876-7023 Fax: 905-876-7003
Oakville 3001 Hospital Gate, Oakville, ON L6M 0L8 Phone: 905-338-4604 Fax: 905-845-9921
Patient agrees for Halton Healthcare to leave test information on home telephone. Phone #: \_\_\_\_\_

Clinical Notes - (must be completed or test will be delayed) Prior Relevant Tests – Location: \_\_\_\_\_

Blank lines for clinical notes.

ABDOMEN (Above Umbilicus) (check ONE box only)
AORTA ONLY
KIDNEYS/BLADDER (hematuria, stones)
ABDOMEN (incl.: pancreas, GB, liver, kidneys, spleen, aorta)
MUSKULOSKELETAL
SHOULDER R L HIP R L
ELBOW
WRIST
HAND
FOOT
OTHER:
SMALL PARTS
TESTES/ SCROTUM
THYROID/NECK
SUBMANDIBULAR GLAND
PAROTID GLAND
GROIN: R L
HERNIA – location:
SOFT TISSUE MASS – location:
MISCELLANEOUS
PEDIATRIC HEAD
PEDIATRIC SPINE
OTHER:

PELVIS/OBSTETRICS (Below Umbilicus) (check ONE box only)
FEMALE PELVIS/TV (uterus/ovaries)
MALE PELVIS
BLADDER (prevoid/ postvoid)
APPENDIX
OBS < 16 WKS, dating LMP
ANATOMICAL (18-20 wks) EDD
EFW/BPP
DIABETES AND PREGNANCY
TWINS

VASCULAR STUDIES
CAROTID
VENOUS ARM (r/o DVT) R L
VENOUS LEG (r/o DVT) R L

BREAST
For breast imaging, please refer to the Halton Healthcare Breast Imaging Requisition (Form # H4072)

BIOPSY
For breast biopsy, please refer to the Halton Healthcare Breast Imaging Requisition (Form # H4072)
Target Organ:
Location:
History:



Referring Physician: \_\_\_\_\_
Referring Physician Phone #: \_\_\_\_\_
Copy Report to: \_\_\_\_\_
Physician's Signature: \_\_\_\_\_
Date: \_\_\_\_\_

## Patient Instructions for Ultrasound Examinations

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***Please arrive 20 minutes before your appt. Late arrival may affect or cancel your appt.***

**Abdomen (Gallbladder, Pancreas, Aorta, Liver, Kidney)**

- Nothing to eat or drink after midnight
- Diabetics: clear fluids in moderation only

**Abdomen and Pelvis**

- Nothing to eat after midnight.
- Drink 3 – 4 (8 oz.) glasses of water. You must finish drinking water 1 hour prior to your examination.
- DO NOT EMPTY YOUR BLADDER until after the examination

**Pelvis / Pregnancy (Lower Abdomen)**

- Drink 3 – 4 (8 oz.) glasses of water. You must finish drinking water 1 hour prior to your examination.
- DO NOT EMPTY YOUR BLADDER until after the examination

**Kidneys / Bladder**

- Drink 2 (8 oz.) glasses of water 1 hour before exam.
- DO NOT EMPTY YOUR BLADDER until after the examination.

