Hôpital général de la baie Georgienne
GEORGIAN BAY
General Hospital

Diagnostic Imaging Request- Ultrasound
TEL. (705) 526-1300 FAX. (705) 526-7837
BY APPOINTMENT ONLY

Name: _____ F ☐ M ☐

Address: _____

City: _____ Postal Code: _____

Health Card #: _____

Date of Birth (DD/MM/YYYY): _____ / _____ / _____

Home #: _____ Cell #: _____

Please allow 2 weeks to receive notification of appointments.

APPOINTMENT DATE: _____ TIME: _____

RELEVANT CLINICAL INFORMATION:
(must be provided and please be specific)

Special Considerations:

Ambulation: ☐Walk ☐Wheelchair ☐Stretcher ☐Medical Lift

PLEASE CHECK (✓) PROCEDURE REQUESTED. See Patient Preparation on Reverse

ABDOMEN/PELVIC
- ☐ Upper Abdomen
  - ☐ HCC Screen
  - ☐ AAA Screen
- ☐ Renal Imaging Study (Kidney/Bladder)
- ☐ Appendix
- ☐ Female Pelvis/Endovaginal
- ☐ Male Pelvis (Pre & Post Void/Prostate)

OBSTETRICAL
- ☐ 1st Trimester
- ☐ NT (11 to 13+6 weeks). Bring blood requisition and EFTS forms
- ☐ Routine Anatomy (19-21 weeks)
- ☐ Third Trimester Growth
- ☐ Twins
- ☐ Biophysical Profile ☐ MCA Doppler

VASCULAR
- ☐ Renal Artery Doppler
- ☐ Carotid Doppler
- ☐ Venous Leg(s) -DVT ☐ Right ☐ Left ☐ Both
- ☐ Venous Arm(s)- DVT ☐ Right ☐ Left ☐ Both
- ☐ Arterial Leg(s) ☐ Right ☐ Left ☐ Both
- ☐ ABI / TBI
- ☐ Arterial Arm(s) ☐ Right ☐ Left ☐ Both

OTHER
- ☐ Face/Neck/Thyoid
- ☐ Scrotum
- ☐ Thorax/Pleural Space
- ☐ Shoulder(s) ☐ R ☐ L
- ☐ Soft Tissue (specify):
- ☐ Musculoskeletal (specify):
- ☐ Other (specify):

Breast: Please use GBGH Mammography and Breast Ultrasound Requisition

PATIENT PREPARATIONS AND INSTRUCTIONS ON REVERSE SIDE.
PHYSICIANS PLEASE CHECK APPROPRIATE BOX INDICATING PATIENT PREPARATION INSTRUCTIONS

Referring Physician(print first, last)

Date: MM / DD / YYYY

OHIP Billing #: _____ **CPSO #:** _____

Signature:

Office Phone:

Fax:

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Patient Name: (print first, last)	
Address:	
Health Card Number:	Version Code:
Other Insurance:	
Home: ( )	Work/Other: ( )

Patient Preparation and Information

- ☐ **Abdomen** Please do not eat or drink for 8 hours before your appointment time. No smoking or chewing gum for 2 hours before examination. You may take your medication with water.
- ☐ **Pelvic** Drink 4 cups of water 1 hour before your appointment time. DO NOT VOID until after the examination is finished.
- ☐ **Abdomen and Pelvic** Please do not eat for 8-hours before your appointment time. No smoking or chewing gum for 2-hours before examination. Drink 4 cups (8 ounces) of water 1-hour prior to your appointment. DO NOT VOID until after the exam is finished.
- ☐ **Endovaginal** No preparation is necessary.
- ☐ **Renal Imaging Study (RIS)** Patient may eat a normal diet but a full urinary bladder is required. Drink 4 cups of water 1 hour before your appointment time. DO NOT VOID until after the examination is finished.
- ☐ **Obstetrical**
  A full bladder is required. Drink 4 cups of water 1-hour before your appointment time. Do not void until after the exam.

No preparation is required for the following exams:

- ☐ **Thyroid**
- ☐ **Venous Leg Doppler**
- ☐ **Venous Arm Doppler**
- ☐ **Arterial Arm Doppler**
- ☐ **Arterial Leg Doppler**
- ☐ **Carotid Doppler**
- ☐ **Breast**
- ☐ **Shoulder**
- ☐ **Musculoskeletal**