

**ST. THOMAS-ELGIN OBSTETRICAL AND GYNECOLOGICAL ULTRASOUND**

Suite 201 - 460 Wellington Street

St Thomas ON, N5R 6H9

PH: (519) 631 - 8531 FAX: (519) 631 - 8111

**Remember To Bring This FORM And Your HEALTH CARD For Each Visit.**

Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Clinical History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verbal Requested

Physician Signature: \_\_\_\_\_

Please bring someone to watch your children as they are NOT allowed in the room during the scan.

Please arrive 15 minutes early for registration at our reception.

**24 hour notice re cancellation**

**EXAMINATION**

- OB For Dating (*prior to 16 wks*)
- OB Routine (*20 wks*)
- OB Limited
- OB High Risk
- OB Twins
- Pelvis Routine  
*(proceed to transvag as required)*
- Do Not Do Tranvaginal

**PREPARATION**

Start drinking 1 ½ hrs prior to your exam. Finish 40 ounces (5 large glasses) of water within ½ hr. You **MUST** be finished all your water by 1 hr before your appointment time. **Do NOT empty your bladder until after your exam.**

This requisition form can be taken to any licensed ultrasound facility, including hospitals and clinics.