



St. Thomas Elgin
General Hospital

Diagnostic Imaging Requisition
Ultrasound

Phone: 519-631-2020 Ext. 2000
Fax: 519-631-8842

PLEASE ARRIVE 20 MINUTE PRIOR TO YOUR APPOINTMENT TIME
PATIENTS ARE ASKED TO PARK AT THE EAST ENTRANCE
PLEASE NOTIFY DEPARTMENT WITH ANY QUESTIONS OR CHANGES OF APPOINTMENT TIME

PLEASE PRINT CLEARLY

SE# _____

Last Name _____ First Name _____

Health Card# _____ VC _____ D.O.B. _____ YYYY/MM/DD

Patient Phone: _____

PLEASE BRING THIS REQUISITION WITH YOU

CLINICAL INFORMATION (MANDATORY) - Please also indicate prior/relevant exam history:

Physician Name: (print): _____ Physician Signature: (mandatory): _____ Date: _____

<input type="checkbox"/> Abdomen (Limited pelvic if required) <input type="checkbox"/> Abd / Pelvic Combination <input type="checkbox"/> Rena I /Bladder (Pre & Post - void volume) <input type="checkbox"/> Pelvic / Transvag Pelvic <input type="checkbox"/> Obstetrical LMP _____ 1. Early OB < 16 wks 2. Late OB > 18 wks 3. IPS (11 -14 wks) 4. OB High risk	<input type="checkbox"/> Transrectal Prostate and Biopsy <input type="checkbox"/> DOPPLER <input type="checkbox"/> DVT R L <input type="checkbox"/> Carotid <input type="checkbox"/> Portal Vein Thrombosis R L <input type="checkbox"/> Biopsy <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Localization	<input type="checkbox"/> MUSCULOSKELETAL <input type="checkbox"/> Rotator Cuff R L <input type="checkbox"/> Tendon / Joint	<input type="checkbox"/> SMALL PARTS <input type="checkbox"/> Thyroid <input type="checkbox"/> Breast R L <input type="checkbox"/> Testes <input type="checkbox"/> Groin R L
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Appointment Details: **DI STAFF TO COMPLETE:** **VERBAL** Signature: _____ Date: _____
 Appt Date / Time: _____
 YYYY/MM/DD

ULTRASOUND PREPARATIONS

Abdomen	Nothing to eat or drink after midnight Gallbladder/Liver patients: nothing to eat or drink for 12 hours. No fried or fatty foods on the day before the test Do not chew gum
Pelvic/Tranvaginal Pelvic/Obstetrical (Uterus, Ovaries, Adnexa, Bladder)/Male Pelvic	Finish drinking 40 ounces (1 litre) of water one hour before the test. ie: if appointment is at 9 a.m, finish the water by at least 8 a.m. Arrive with a "FULL BLADDER". Do not empty your bladder until after the examination is completed.
Combination Abdomen and Pelvic (with or without Transvaginal Pelvic)	Nothing to eat or drink after midnight. Drink 1 litre (40 ounces) of only water, finishing the water one hour before the test. ie: if the appointment is at 9 a.m., finish the water by 8 a.m. Do not empty your bladder until the test is completed.
Renal/Bladder	Nothing to eat or drink after midnight. Drink 1 litre (40 ounces) of only water, finishing the water one hour before the test. ie: if the appointment is at 9 a.m., finish the water by 8 a.m. Do not empty your bladder until the test is completed.
SmallParts/ Musculoskeletal	No preparation is required.
Carotid/ Venous Doppler	No preparation is required. Continue to take any medications.
Transrectal Prostate Biopsy	NO ANTICOAGULANTS (blood thinners) 4-5 days prior to examination ie: ASA, platelet inhibition. Coumadin patients require INR/PTT day before. FLEET ENEMA in a.m. of examination day. You may eat and drink as usual. A full bladder is required. Follow male Pelvic prep. Pre-treatment with antibiotics is required.
Biopsy	NO ANTICOAGULANTS (blood thinners) 4-5 days prior to examination ie: ASA, platelet inhibition. Follow instructions from referring doctor.