
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.