DIAGNOSTIC IMAGING – ULTRASOUND		U/S
Quinte Health	MD Name:	Patient Name:
	Signature:	DOB:
	MD Phone:	HCN:
	Date: (d/m/y)	Home Phone:
FAX ALL REQUISITIONS TO: 613-969-5561	Copies to:	Cell Phone
	WSIB #:	Address:

A BOOKING WILL NOT BE MADE UNLESS THIS REQUISITION IS COMPLETED IN FULL

CLINICAL INDICATION:

PRIORITY: ☐ Urgent (specified time:____________) ☐ Non-Urgent ☐ ED Patient In Hospital ☐ ED Patient Call Back

PREFERRED HOSPITAL: ☐ BGH ☐ TMH ☐ PEC ☐ NHH

ULTRASOUND

Obstetrical Ultrasound
Prep: finish drinking 1L of water 1hour prior, full bladder

LMP: EDC (based on LMP):
Based on Dating US:
Gestations: ☐ Single ☐ Multiple
- ☐ Ectopic Beta HCG Level:
- ☐ Dating Scan (< 16 weeks)
- ☐ Fetal Anatomy Survey(18-22 weeks)
- ☐ Limited OBS Scan (follow up/ incomplete anatomy @ QHC)

3rd Trimester Assessment (No Prep)
☐ EFW ☐ AFI ☐ BPP ☐ Cord Dop.
☐ Other:

Upper Abdomen (above umbilicus)
NPO 6 hours prior to appointment
- ☐ AAA Screen
- ☐ Abdomen
- ☐ Bariatric Pre-op
- ☐ Hepatoma Screening
- ☐ Limited Abdomen (follow-up to prior @QHC)

Pelvis/Lower Abd (below umbilicus)
Finish Drinking 1L of water 1 hour prior to appointment, full bladder
- ☐ Appendix
- ☐ Bladder Post Void Residual
- ☐ Kidneys & Bladder Only
- ☐ Pelvis

Vascular Ultrasound: ***No Prep***
- ☐ Carotid
- ☐ Venous (DVT)
  - Leg ☐ R ☐ L
  - Arm ☐ R ☐ L

Peripheral Arterial:
- ☐ ABI (compression stocking eval.)
- ☐ Arm (bilateral)
- ☐ Leg-Initial Screening
- ☐ Leg- Post Screen @QHC

Superficial Structures: ***No Prep***
- ☐ Hernia: ☐ Abd wall
  - ☐ Inguinal ☐ R ☐ L
  - ☐ Umbilical
- ☐ Neck (Mass/Salivary Glands)
- ☐ Testicular/Scrotal
- ☐ Thyroid
- ☐ Other

Musculoskeletal: ***No Prep***
- ☐ Popliteal Fossa: ☐ R ☐ L
- ☐ Shoulder (Rotator Cuff) ☐ R ☐ L
- ☐ Achilles Tendon ☐ R ☐ L
- ☐ Bicep Brachii Tendon ☐ R ☐ L
- ☐ Patellar/Quadracep Tendon ☐ R ☐ L
- ☐ Gastronemius ☐ R ☐ L
- ☐ Foreign Body(please specify):
- ☐ Lump (location):

Pediatric Ultrasound 0-5 Years
No Prep Required
- ☐ Abdomen
- ☐ Appendix
- ☐ KUB
- ☐ Pelvis
- ☐ Hips-congenital hip dysplasia (> 6 weeks < 6 mos)BGH Only
- ☐ Neonatal Brain(< 8 mos)BGH Only
- ☐ Spine (< 6 mos) BGH Only
- ☐ Pylorus

Pediatric Ultrasound 6- 12 years
Pediatric Prep Required
- ☐ Abdomen *(NPO 6 Hours prior)*
- ☐ Appendix
- ☐ KUB
- ☐ Pelvis

(full bladder= 500mL of fluid 1 hour prior to apt. do not empty bladder)

OFFICE USE ONLY

Appointment Date & Time:____________

PLEASE ENSURE REQUISITION IS COMPLETE. FAX REQUISITION TO 613 969 5561