

EMERGENT CARE ULTRASOUND REQUISITION

Phone: 403-328-1122 Fax: 403-328-1218
Email: service@raimaging.net

- 1122 Scenic Drive South
- U3T MRI at U of L
- 65 Columbia Blvd West

www.lethbridgeradiology.com

PATIENT

APPOINTMENT DATE / TIME: _____

BRING VALID HEALTH CARE CARD & THIS FORM. If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment.

NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE)
 ADDRESS: _____ CITY: _____
 POSTAL CODE: _____ PROVINCE: _____
 PHONE #: _____ (HOME) _____ (WORK / CELL)

AHC #: _____ OUT OF PROVINCE
 WCB PATIENT PRIVATE
 AGE: _____ DOB: _____ (MM / DD / YEAR) LMP: _____ (MM / DD / YEAR)
 MALE FEMALE PREGNANT: YES NO

REFERRAL

ORDERING PHYSICIAN: _____
 ORDERING EMERG DEPARTMENT: _____
 FAX REPORTS TO #: _____

SEND COPY TO: _____
 CLINIC NAME: _____
 FAX REPORTS TO #: _____

MUST SPECIFY URGENCY

- 1 - NEXT DAY
- 2 - WITHIN ONE WEEK
- 3 - WITHIN TWO WEEKS
- 4 - ROUTINE BOOKING

HISTORY & PROVISIONAL DIAGNOSIS:

- Wheelchair, walker, limited mobility, etc. (allow more time)
- Relevant prior imaging: _____ (LOCATION AND DATE OF EXAM)

M.D.

EXAM

ULTRASOUND (PREPARATION REQUIRED)

- ABDOMEN** **ELASTOGRAPHY**
 After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment time. Medication(s) can be taken with a small amount of water.
 - PELVIS** **KIDNEYS, URETER, AND BLADDER (KUB)**
 FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).
 - ABDOMEN AND PELVIS**
 After midnight, nothing to eat, no chewing gum or candies and no smoking. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).
 - OBSTETRIC**
 90 minutes prior to your appointment, empty your bladder, then drink water with 15 minutes as specified below. The amount of water you need to drink depends on how far along you are in your pregnancy:
 - Up to 25 weeks - 3 glasses of water, 8 oz. each (750 mL total)
 - Over 25 weeks - 1 glass of water, 8 oz. (250 mL total)
 DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. DO NOT BRING CHILDREN TO YOUR APPOINTMENT, unless accompanied by an adult (other than the patient). Fathers with children present will be asked to remain in the waiting room until the end of the exam when they can be brought in to view the baby. Fathers unaccompanied by children are welcome to view the ultrasound.
 - ARTERIAL DOPPLER ***
 - Upper extremities (No preparation)
 - Lower extremities (Nothing to eat or drink after midnight)
 - Renal arteries (Nothing to eat or drink after midnight)
- *PLEASE FAX REQUISITION TO BOOK ARTERIAL EXAMS**

ULTRASOUND (NO PREPARATION REQUIRED)

- ECHOCARDIOGRAM**
 - PRIOR VALVE REPLACEMENT
 - TYPE: _____ ANNULAR SIZE: _____
- ARM VENOUS DOPPLER**
 - BILATERAL LEFT RIGHT
- BREAST** BILATERAL LEFT RIGHT
- CAROTID DOPPLER**
- HERNIA** VENTRAL UMBILICAL INCISIONAL
- INGUINAL HERNIA**
 - BILATERAL LEFT RIGHT
- LEG VENOUS DOPPLER**
 - BILATERAL LEFT RIGHT
- MUSCULOSKELETAL**
 - ACHILLES** LEFT RIGHT BILATERAL
 - ANKLE** LEFT RIGHT
 - ELBOW** LEFT RIGHT
 - FINGER** LEFT RIGHT SITE: _____
 - FOOT** LEFT RIGHT
 - HIP** LEFT RIGHT
 - KNEE** LEFT RIGHT
 - SHOULDERS** LEFT RIGHT BILATERAL
 - SOFT TISSUE** SITE: _____
 - WRIST** LEFT RIGHT
- NECK**
- PEDIATRIC HIPS** EDC: _____
- SCROTUM**
- THYROID**
- VEIN MAPPING**
- VEIN THERAPY CONSULT** (Requires a separate letter of request)
- OTHER:** _____