



ULTRASOUND REQUEST

SMITHS FALLS SITE
Fax: (613) 283-3036
Reception: (613) 283-2330 ext. 1115

Office Use Only
APPT: _____
 PT. NOTIFIED _____
GWM SITE
Fax: (613) 267-1172
Reception: (613) 267-1500 ext. 4271

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TO REGISTER. IF YOU ARE LATE, YOUR APPOINTMENT MAY BE REBOOKED.

ALL OUT-PATIENT ULTRASOUND REQUESTS **MUST BE FAXED. PATIENTS WILL BE NOTIFIED OF APPOINTMENT DATE / TIME. INCOMPLETE REQUISITIONS WILL BE RETURNED.**

IMPORTANT: PLEASE PROVIDE EXAM PREPARATION TO PATIENT. UNPREPARED PATIENTS WILL BE REBOOKED.

Patient Name: _____ Primary Phone Number: _____
Date of Birth: _____ Alt. Phone Number: _____

ABDOMEN/PELVIS:

- ABDOMEN COMPLETE
(Liver, GB, Pancreas, Spleen, Kidneys, Aorta)
- ABDOMEN LIMITED
 - Appendix
 - Hernia
 - F/U: _____
- KIDNEYS/BLADDER
- BLADDER (Pre- and Post-Void)
- PELVIS

OTHER:

- THYROID
- NECK/FACE
- SCROTAL/TESTES
- BREAST(S)
 - RIGHT
 - LEFT
- AXILLA(E)
 - RIGHT
 - LEFT
- SHOULDER
 - RIGHT
 - LEFT
- EXTREMITY
SPECIFY: _____
- OTHER
SPECIFY: _____

VASCULAR:

- CAROTID DOPPLER
- CARDIAC ULTRASOUND/
ECHOCARDIOGRAM
(GWM Site only)
- ANKLE BRACHIAL INDEX (ABI)
PERIPHERAL ARTERIAL DOPPLER
- DVT (Venous Doppler)
 - Right Leg
 - Left Leg
 - Right Arm
 - Left arm
- VENOUS COMPETENCE
(SF Site only)

Please call department to book same day

OBSTETRICAL:

- 1st Trimester
 - 2nd Trimester (morphology)
 - BPP (biophysical profile)
 - EFW (Estimated Fetal Weight)
 - Follow-up Morphology
- LNMP: _____

CLINICAL HISTORY

- Urgent (within 1 week)
- High Priority (within 2 weeks)
- Routine (next available appt)

Healthcare Provider Name (please print) / Signature _____