

Satellite X-Ray and Ultrasound Clinic Located at Georgina Health Centre 716 The Queensway South, Keswick, ON L4P 4C9 Bookings: P: (905) 535 6000 F: (905) 535 1429

# Radiography and Ultrasound Imaging Requisition

GEORGINA
HEALTH CENTRE INC.
"YOUR GATEWAY TO HEALTH"

Health Record #:	Complete or place barcoded
Patient Name: (Print first, last)	patient label here
DOB: mm / dd / yy	Age: Female Male
OHIP #:	Version Code:
Phone #:	

Radiography and Oltrasound imaging Requisition					
Patient Name:			Appointment Date: mm / dd / yy		
Address:			Appointment Time:		
			Arrival Time:		
Health Card Number:		Version Code:	Hospital Record #:		
Other Insurance:	mber:	Date of Birth: mm / dd / yy			
Home:	Work/Oth	ner:	Patient Weight:		
Patient not available: From: mm / dd / yy To: mm / dd / y	y Reason:				
RADIOGRAPHY					
Exam(s) Requested: (all parts to be examined)					
Relevant Clinical Information:					
Pregnant: No Yes LMP: mm / dd / yy					
ULTRASOUND SERVICES					
TO SCHEDULE AN APPOINTMENT PLEASE INDICATE ULTRASOUND REQUESTS CLEARLY					
ABDOMEN/PELVIC	OBSTETRICAL				
□ Abdomen □	□ Dating				
☐ Female Pelvic / Endovaginal	□ Viability				
☐ Male Pelvic (Pre & Post Void / Prostate)	□ NT Scan (11-13+6 wks).Patient must bring blood lab requisition				
	☐ Routine Anatomy (18-20 wks)				
Venous Arm(s) Doppler () Bilateral () RT. () LT.	□ Obstetrical				
□ Venous Leg(s) Doppler ( ) Bilateral ( ) RT. ( ) LT.  OTHER	☐ Biophysical Profile (>30 wks)				
□ Thyroid	□ Twins				
□ Scrotum	☐ Endova	ginal (e.g.Cervical length)			
Relevant Clinical Information:					
Please fax completed and signed requisition to (905) 535 1429					
Referring Physician (print first, last):	Address:				
Signature:		Phone: ( )			

Patient Preparation and Instructions on Reverse
Physicians Please Check Appropriate Box Indicating Patient Preparation Instructions



596 Davis Drive Newmarket, ON L3Y 2P9



716 The Queensway South Keswick, ON L4P 4C9

## The following ultrasound exams are done at Southlake Regional Health Centre:

Infant Head, Breast, Arterial Leg Doppler, Arterial Arm Doppler, Vein Mapping, Carotid Doppler, Shoulder and MSK Ultrasound.

To book an appointment at Southlake Regional Health Centre, fax completed requisitions to: (905) 830 5966

### **ULTRASOUND PATIENT PREPARATIONS:**

☐ Obstetrical/Pelvic Examinations:

A <u>full</u> bladder is required for this examination. Finish drinking 4 large glasses (32 oz/950ml) of clear fluid (water, coffee, juice, tea – no milk) <u>1 hour before</u> your appointment time. Do Not Void until after the examination is finished. This examination usually takes 30 minutes.

- □ **Upper Abdomen Examination:** (Liver, Pancreas, Gall bladder, Kidneys, Spleen, Aorta, Biliary Tree, Lymph Nodes) Please do not eat or drink for 12 hours before your appointment time. This examination usually takes 30 to 45 minutes. For children under 6 years of age **No preparation required.**
- ☐ Combination Examinations: Abdomen + Pelvis/Obstetrical

A full bladder is required for this examination. Please do not eat for 12 hours before your appointment but finish drinking 32oz/950ml of clear fluid (water, coffee, juice, tea – no milk) 1 hour before your appointment time. Do Not Void until instructed by the sonographer during the examination. The entire examination usually takes 1 hour.

Other Ultrasound: No preparation required.

### PLEASE NOTE:

- ✓ Bring this requisition and your Ontario Health card.
- ✓ Call the Booking Department at (905) 535 6000 if you are unable to keep your appointment.
- ✓ Diagnostic Imaging cannot perform any procedures without a requisition signed by a physician.

Georgina Health Centre Diagnostic Imaging is a satellite clinic of Southlake Regional Health Centre.

The collecting of personal information on this form is done in accordance with Southlake's Privacy Policy. Details regarding this Policy are available on our website, www.southlakeregional.org.

### 716 The Queensway South, Keswick, ON L4P 4C9





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