



Satellite X-Ray and Ultrasound
 Clinic Located at Georgina Health Centre
 716 The Queensway South, Keswick ON L4P 4C9
 Bookings: P: 905-535-1421 F: 905-535-5155

Health Record # _____ Complete or place barcoded patient label here
 Patient Name _____
 DOB: ____/____/____ Age ____ Sex ____
 OHIP # _____ Version Code _____
 Phone # _____

Radiography and Ultrasound Imaging Requisition

Patient Name:	Appointment Date: / /
Address:	Appointment Time:
	Arrival Time:
Health Card Number:	Version Code: Hospital Record #:
Other Insurance:	WSIB Number: Date of Birth: / /
Home:	Work/Other: Patient Weight:
Patient not available: From: mm // dd / yy To: mm / dd / yy 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 <i>Abdomen</i> <i>Female Pelvic / Endovaginal</i> <i>Mate Pelvic (Pre & Post Void / Prostate)</i>	OBSTETRICAL <i>Dating</i> <i>Viability</i> <i>NT Scan (11-13+6 wks). Patient must bring blood lab requisition</i> <i>Routine Anatomy (18-20 wks)</i> <i>Obstetrical</i> <i>Biophysical Profile (>30 wks)</i> <i>Twins</i> <i>Endovaginal (e.g. Cervical length)</i>
VASCULAR <input type="checkbox"/> Venous Arm(s) Doppler () Bilateral () RT. () LT. Venous Leg(s) Doppler () Bilateral () RT. () LT.	
OTHER <i>Thyroid</i> <i>Scrotum</i>	

Relevant Clinical Information:

Please fax completed and signed requisition to 905-535-5155

Referring Physician (print first, last):	Address:
Signature:	Phone: ()

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



PATIENT ULTRASOUND PREPARATION AND INFORMATION

Georgina Health Centre is a Satellite X-Ray and Ultrasound Clinic for Southlake Regional Health Centre
716 The Queensway South Keswick, Ontario L4P 4C9
Booking Department: 905-535-1421 Fax: 905-535-5155

OBSTETRICAL/PELVIC EXAMINATIONS: This exam usually takes 30 minutes.

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

UPPER ABDOMEN EXAMINATION: This exam usually takes 30 - 45 minutes.

(Liver, Pancreas, Gall bladder, Kidneys, Spleen, Biliary Tree, Lymph Nodes)

Please do not eat or drink for 8 hours before your appointment time.

** For children under 6 years of age - No preparation is required. **

COMBINATION EXAMINATIONS: ABDOMEN & PELVIS/OBSTETRICAL: This Exam usually takes 1 hour

A full bladder is required for this examination. Please do not eat for 8 hours before your appointment but Finish drinking 4 large glasses (32 oz/950 ml) 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.

OTHER ULTRASOUND: This exam usually takes 30 minutes

No preparation is required.

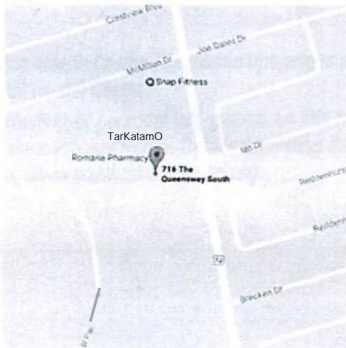
PATIENT INFORMATION:

Face masks must be worn

Bring your Ontario Health Card

Bring your requisition. Diagnostic Imaging cannot perform any procedures without a requisition signed by a Physician or Nurse Practitioner.

If you are unable to keep your appointment, please call the Booking Department 905-535-1421



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