Waterloo Wellington Hospitals
Ultrasound Requisition

OFFICE USE ONLY

Exam Date:_____

Arrival Time:_____

Exam Time:_____

Fax completed requisition to ONE Hospital:

- ❑ Cambridge Memorial Hospital:(CMH) **519-740-4904**
- ❑ Grand River Hospital: (GRH) **519-749-4296**
- ❑ Groves Memorial Community Hospital:(GMCH) **519-843-7637**
- ❑ Guelph General Hospital: (GGH) **519-766-9982**
- ❑ Louise Marshall Hospital: (LMH) **509-509-3884**
- ❑ Palmerston District Hospital:(PDH) **519-343-3821**
- ❑ St. Mary's General Hospital: (SMGH) **519-749-6989**

Patient Information

Last Name, First Name:

DOB: DD/MM/YYYY ❑ Male ❑ Female

Street Address:

City/Town:

Province: Postal Code:

Contact Number:

Home: _____ ❑ Y ❑ N Patient consents to leave message

Other: _____ ❑ Y ❑ N Patient consents to leave message

Preferred Language: ❑ English ❑ Other: _____

❑ Y ❑ N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.

Health Card #: VC:

WSIB? ❑ Y ❑ N Injury Date: DD/MM/YYYY

Please include Claim #: _____

Other Insurance? Third Party or Self Pay

Specify: _____

Required Patient Information:

Height: _____(cm) Weight: _____(kg)

❑ Restricted Mobility ❑ Outpatient

❑ Pediatric Under 10 yrs (Pediatric Under 10 studies not performed at SMGH) ❑ In-Patient Rm/Loc

_____

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED"

Ordering Physician Name (Please print): Signature Date

Contact #: Fax#:

Copy to (Please print)

Clinical History/Indication (reason for exam)**:** Please contact department with urgent requests

Indicate LMP/EDC:

Select Region/Organ of Interest:

Abdominal Pelvic
- ❑ Complete Abdomen
  - ❑ Portal Hepatic Vein Doppler
- ❑ Right Upper Quadrant
- ❑ Right Lower Quadrant
- ❑ Specify Organ of Interest: _____
- ❑ Kidneys/Ureters/Bladder
- ❑ Complete Pelvis

(Transvaginal will be performed as required)

Miscellaneous
- ❑ Thyroid
- ❑ Neck/Salivary Gland
- ❑ Testicles/Scrotum
- ❑ TRUS (GGH, GRH, SMGH only)
- ❑ Soft Tissue
  Specify: _____
- ❑ Other_____

**for Breast US requests, please refer to Mammography/Breast Imaging requisition

Vascular
- ❑ Carotid Doppler
- ❑ Arm Venous Doppler ❑ R ❑ L
- ❑ Leg Venous Doppler ❑ R ❑ L
- ❑ Other _____

Site Specific Vascular
GGH, GRH, LMH, PDH Only
- ❑ Venous Mapping
- ❑ ABIs/Segmental Pressures
- ❑ Arterial Extremity

Specify Extremity_____
- ❑ Other_____

(arterial extremities and renal doppler studies only available at GGH, LMH and PDH)

Neonatal
(Not provided at SMGH)
- ❑ Pylorus ❑ Spine

Site Specific Neonatal
CMH, GGH, GRH Only
- ❑ Brain
- ❑ Hips

Obstetrical
(Not provided at SMGH)

1st Trimester
- ❑ Dating
- ❑ Nuchal Translucency

(11 wks 3 days to 13 wks 6 days performed at GGH/GMCH/PDH)
- ❑ Other _____

2nd Trimester
- ❑ Anatomy (18-20 wks)

Specify: ❑ Singleton ❑ Twin
Gender Reported? ❑ Y ❑ N
- ❑ Other _____

3rd Trimester Check all that apply

Specify: ❑ Singleton ❑ Twin
- ❑ BPP
- ❑ Growth
- ❑ AFI
- ❑ Doppler
- ❑ Other _____

Frequency_____

MSK (Performed at all sites)
- ❑ Achilles ❑ **R** ❑ **L**

Site Specific MSK
(Not Provided at SMGH)
- ❑ Knee ❑ **R** ❑ **L**
- ❑ Shoulder ❑ **R** ❑ **L**

CMH, GGH, GRH Only
- ❑ Foot ❑ **R** ❑ **L**
- ❑ Hand ❑ **R** ❑ **L**
- ❑ Wrist ❑ **R** ❑ **L**
- ❑ Other_____

Site Specific Interventional
CMH, GGH, GRH, SMGH Only

Anticoagulants ❑ **Y** ❑ **N**
- ❑ Biopsy _____
- ❑ Drainage _____
- ❑ Injection _____
- ❑ Other _____

Site Specific Gynecological
GGH, GRH Only
- ❑ Sonohysterogram

Please indicate location of Imaging examination for Patient:

☐ **Cambridge Memorial Hospital** 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2230 Fax: 519-740-4904 www.cmh.org	• All patients are to register in the Diagnostic Imaging Department, located on the **1ST Floor** of the hospital's **A Wing**, at the indicated arrival time.
☐ **Grand River Hospital** 835 King St. W Kitchener ON N2G 1G3	Telephone: 519-749-4262 Fax: 519-749-4296 www.grhosp.on.ca	• All patients are to register in the Department of Medical Imaging, located on the **2nd Floor** of the hospital's **D Wing**, at the indicated arrival time.
☐ **Groves Memorial Community Hospital** 235 Union St. Fergus ON N1M 1W3	Telephone: 519-843-5331 x3234 Fax: 519-843-7637 www.gmch.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **Ground Floor**, at the indicated arrival time.
☐ **Guelph General Hospital** 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3rd Floor**, at the indicated arrival time.
☐ **Louise Marshall Hospital** 630 Dublin St. Mt. Forest ON N0G 2L3	Telephone: 519-323-3333 x2253 Fax: www.nwhealthcare.ca	• All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.
☐ **Palmerston and District Hospital** 500 Whites Rd. Palmerston ON N0G 2P0	Telephone: 519-343-2030 x4245 Fax: 519-343-3821 www.nwhealthcare.ca	• All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.
☐ **St. Mary's General Hospital** 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6990 Fax: 519-749-6989 www.smgh.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1st Floor**, at the indicated arrival time.

Exam Preparation

No preparation required for US examinations, except for the following:

- Abdominal Exams: Nothing to eat or drink after midnight until the exam is complete. Necessary medications may be taken
- Abdominal/Pelvic Exams: A full bladder is required for the exam. Nothing to eat or drink after midnight, however, finish drinking one liter of water one hour before your scheduled exam time. DO NOT empty your bladder.
- Pelvis/Pregnancy/Appendix/: Finish drinking one liter of water before your scheduled exam time. DO NOT empty bladder.
- Kidneys/Ureters /Bladder: Finish drinking one liter of water before your scheduled exam time. DO NOT empty bladder.
- Transrectal Prostate: Fleet enema one hour prior to exam.

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.