

ULTRASOUND EMERGENCY DEPARTMENT REQUISITION
Please complete all sections. Incomplete requisitions will be returned

Referring Physician Name:	Patient ID (Name, D.O.B, HC#)
PHYSICIAN SIGNATURE	
Date of signature	

RELEVANT CLINICAL HISTORY MUST be completed in addition to exam selection on reverse side

ULTRASOUND DEPARTMENT HOURS
Exam requests will be accepted up to 30 minutes prior to the end of service hours below if time allows exams to be completed

Monday-Friday	0715-20:00 hours
Saturday/Sunday/Statutory Holidays	0800-1600 hours
Radiologist Consultation	24 hour service available

OUTPATIENT EMERGENCY ULTRASOUND APPOINTMENT
For patients requiring next day appointment

Appointment Date _____

Monday-Friday	Saturday/Sunday/Statutory Holiday
Booked time: _____	<input type="checkbox"/> 815am
FOLLOW EMERG SCHEDULE	<input type="checkbox"/> 845am
	<input type="checkbox"/> 915am
	<input type="checkbox"/> 1045am

No time available on schedule:
 Medical Imaging to phone appointment time to patient
Patient Phone number: _____
 (Requisition must be faxed to extension 4290)

PATIENTS MUST BRING THIS REQUISITION, HEALTH CARD AND/OR WSIB CLAIM NUMBER TO YOUR APPOINTMENT OR YOUR APPOINTMENT WILL BE REBOOKED. PLEASE REFER TO THE REVERSE SIDE FOR TEST PREPARATION INSTRUCTIONS

ULTRASOUND EMERGENCY DEPARTMENT REQUISITION

Emergency physician to check appropriate examination

<input checked="" type="checkbox"/>	Procedure	Preparation	Visualization and Indications
<input type="checkbox"/>	US abdomen, complete	NPO 8 hrs.	For assessment of pain ABOVE the level of the umbilicus. Includes pancreas, liver, kidneys, gallbladder and biliary ducts (intra and extrahepatic), spleen, adrenals, IVC.
<input type="checkbox"/>	US Kidneys	No prep	Assessment of both kidneys for size, shape and status of collecting systems indications include pyelonephritis, hydronephrosis.
<input type="checkbox"/>	US Kidneys & Bladder	Full bladder	For assessment of Renal Colic. Includes kidneys, ureters and bladder.
<input type="checkbox"/>	US Gallbladder	NPO 8 hrs.	For assessment of RUQ pain. Includes gallbladder, biliary tree, pancreas and liver.
<input type="checkbox"/>	US GB/Appendix	NPO 8 hrs. Full bladder	For assessment of RUQ/RLQ pain. Includes gallbladder, biliary tree, pancreas, liver, and appendix. Complete US pelvis included.
<input type="checkbox"/>	US GB/Renal Colic/Appy	NPO 8 hrs. Full bladder	For assessment of RUQ/RLQ/Renal Colic. Includes gallbladder, biliary tree, pancreas, liver, kidneys and appendix. Complete US pelvis included.
<input type="checkbox"/>	US Pelvis	Full bladder	For assessment of pain BELOW the level of umbilicus. Female includes bladder, uterus, ovaries, adnexal regions. Males include prostate, bladder. Sonographers will initiate Endovaginal US when required.
<input type="checkbox"/>	US Appendix	Full bladder	Assessment of RLQ pain. Identification of inflamed appendix. Complete US pelvis included with exam.
<input type="checkbox"/>	US Preg High Risk 1 st Trimester 2 nd Trimester BHCG <input style="width: 50px;" type="text"/>	Full bladder	Assessment of pregnant uterus at risk. BHCG required for all 1st trimester pregs. Sonographer will initiate US endovaginal exam when necessary. Routine obstetrical exams will not be done on an emergent basis. Must be booked as OP.
<input type="checkbox"/>	US Testicles	No prep	Indications include swelling, tenderness, inflammation, infertility, torsion, hydroceles, masses. Evaluation includes testicular glands and epididymis and vascular assessment to rule out testicular torsion.
<input type="checkbox"/>	US Vein <input type="checkbox"/> Upper (Arm) <input type="checkbox"/> Lower (Leg) <input type="checkbox"/> Right <input type="checkbox"/> Left	No prep	Pain, swelling of extremity upper or lower. Must specify area. Assessment of lower extremity for DVT includes common femoral, superficial femoral and popliteal veins for thrombosis.
<input type="checkbox"/>	US Soft Tissue	No prep	Targeted area as described by ordering physician. Includes Breast ultrasound to rule out abscess. Not used as a screening process for breast.
<input type="checkbox"/>	US Abd Ltd	No prep	For assessment of organ indicated by physician (i.e. Liver, spleen, aorta). Also includes assessment of ascites, intusseption
<input type="checkbox"/>	US Pyloric Stenosis	Omit last feeding if possible	Visualization of gastric pylorus for muscle hypertrophy. Study of choice to this entity.
<input type="checkbox"/>	US Carotid	No prep	For assessment of Carotid and Vertebral arteries. Indications include TIA/Stroke

NPO: Nothing to eat or drink for 8 hours.

Preparation for Full Bladder

1st Choice: Patient drinks 1 litre of water/fluid 1 hour prior to appointment (*option for outpatients*)

2nd Choice: Foley catheter is inserted and clamped at time of order.

3rd choice: Bolus IV filling. This will require up to 5 litres of fluid and a minimum of 3 hours for bladder to fill.