

APPOINTMENT INFORMATION

Date of Request (dd/mm/yy): _____ Appointment Date (dd/mm/yy): _____ Time: _____

PATIENT INFORMATION

Name: _____
Tel: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Date of Birth (dd/mm/yy): _____
Alberta Health Care No.: _____

PATIENT HISTORY

Referral Reason: _____
Relevant History: _____

REFERRING PHYSICIAN INFORMATION

Ordering Physician: _____
Practitioner ID stamp: _____
Tel: _____
Fax: _____
Clinic/Hospital Name: _____
Copy to: _____
Clinic Name: _____
Tel: _____
Fax: _____
Signature: _____

URGENT CARE & STAT REPORTS

STAT FAX: _____ Verbal Report Tel: _____

ULTRASOUND SERVICES

GENERAL

HEAD AND NECK

- Thyroid & Parathyroid
- Salivary Glands, Lymph Node
- Other Soft Mass: _____

THORAX

- Chest Wall (Lump/Other)
- Breast & Axilla L R
- Axilla Only L R

ABDOMEN

- Abdomen Complete
- Abdomen Limited
- Abdominal U/S & Limited Pelvic
- Abdominal Wall
- Appendix
- Hernia L R

PELVIC

- Female Pelvic: Gyn & Urinary
- Male Pelvic: Scrotum & Testes
- Kidneys, Ureters, Bladder

MUSCULOSKELETAL

- Shoulder L R
- Elbow L R
- Wrist (& Carpal Tunnel) L R
- Hand L R
- Knee (& Bakers cyst) L R
- Ankle L R
- Achilles Tendon L R
- Foot L R
- Hip L R
- Plantar Fascia L R
- Muscle/Tendon
- Ganglion
- Other: _____

VASCULAR

- Upper Limb Venous L R
- Lower Limb Venous L R
- Carotid Doppler
- AAA Screening
- Renal Doppler
- Liver Doppler

OBSTETRICAL

- Complete OB Assessment
Early, NT, Detailed
- 1st TRIMESTER**
- OB Dating, Viability (12 wks)
- Nuchal Translucency (11-12 wks+6D)
- 2nd TRIMESTER**
- Detail Anatomical Screening (18-20 wks)
- 3rd TRIMESTER**
- Biophysical Profile (>28wks)
- Other: _____

PAIN MANAGEMENT

- Pain Management Injection L R
- Details: _____

PATIENT INSTRUCTIONS

1. Please bring this document with you to the exam.
2. Please bring your valid Health Care Card.
3. Please arrive earlier than your scheduled exam time.
4. Please do not bring children requiring supervision to the exam.
- **Child care is NOT provided.**

NOTE:

Cancellation or Rebooking

appointments - Please call our office.

You may be rebooked if you don't correctly follow the exam preparation procedure.

EXAM PREPARATION:

BLADDER ONLY, PELVIC, OR PREGNANCY (less than 25wks) ULTRASOUND

Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water/juice and be finished drinking the fluids by 1 hour prior to your exam time. Do not smoke for at least 2 hours prior to the exam. You may eat normally prior to the exam. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder. The optimal time for a pelvic ultrasound is 6-8 days from the first day of your menstrual cycle. This does not apply to urgent/emergent, post-menopausal or pregnant patients

PREGNANCY (greater than 25 wks) /BIOPHYSICAL PROFILE ULTRASOUND

Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 2 (8 ounce) glasses of water/juice and be finished drinking the fluids by 1 hour prior to your exam time. Do not smoke for at least 2 hours prior to the exam. You may eat normally prior to the exam. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder. If you are greater than 34 weeks, a full bladder is not necessary.

ABDOMEN ULTRASOUND

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. If you must take medication, please do so with a small amount of water only.

COMBINATION ABDOMEN AND PELVIS ULTRASOUND

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water only and be finished drinking the water by 1 hour prior to your exam time. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder.

KIDNEYS AND BLADDER

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water only and be finished drinking the water by 1 hour prior to your exam time. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder.

ALL OTHER ULTRASOUND EXAMS

No preparation required.

Location:
Lower Level 231,
2nd Avenue
Strathmore,
Alberta
T1P 1K2

