

REQUISITION

135, 1621 Albert Street Regina, Saskatchewan S4P 2S5

ALL APPOINTMENTS:

Tel: 306.569.9729 Fax: 306.569.3337

PATIENT INFORMATION

PLACE PATIENT LABEL HERE Date of Request: _D/	Sask. Health Card Number: Appt. Date: D/ M/ Y/ Time: am pm
PROFESSIONAL SERVICE ***Please see patient instruction on reverse***	
X-ray (No appointment necessary, walk-in basis) Examination:	General Ultrasound Complete Abdomen (Liver, Spleen, Pancreas, Kidney, Gallbladder, Aorta) Spectral Doppler RLQ/Appendix
Breast Imaging Diagnostic Breast Ultrasound R L Bilateral Diagnostic Mammography (with tomosynthesis) R L Bilateral Right Left	Renal (Kidneys, Bladder) Hernia IUCD Localization (Uterus only) Add Full Pelvic Assessment Add EV for 3D view of IUCD Pelvis (Bladder, Uterus, Ovaries, and Prostate for size) Thyroid
Obstetrical Ultrasound	Scrotum
Check all current and future appointments needed.	Mass: Other Exam:
1st Trimester Dating:(specify indication) Nuchal Translucency (GA 11w+0d - 13w+6d, preferably after 12 weeks) Other:(specify indication)	Musculoskeletal Ultrasound X-ray of the area may be required if recent trauma, or if no X-ray within last six months Shoulder (Includes Rotator Cuff) R L
2nd Trimester Detailed exam >18 weeks Other:(specify indication)	Elbow R L Carpal Tunnel R L Baker's Cyst R L Hip R L
3rd Trimester BPP:(specify indication) Doppler	Knee R L Achilles R L Plantar Fascia R L
Fetal Growth:(specify indication) Other:(specify indication)	Vascular Ultrasound Venous (DVT) R L Arm Leg
HISTORY & PRESUMPTIVE DIAGNOSIS	
Please complete this section with as many details as possible. This en	ables our clinic staff to provide the most comprehensive patient care. Stat Phone Report Phone: Stat Fax Report Fax:
REFERRER INFORMATION ***All images and reports will be available on provincial PACS***	
Name:	Practitioner's ID/Stamp:

Fax: _

Copy to:_

Phone:

Address:

Send images with patient (USB copy)

Signature: