DIAGNOSTICS Regina, Sa		
PATIENT INFORMATION PLACE PATIENT LABEL HERE	Home Phone:	
Date of Request: D/ Y/ Name: Female Address: Female	Male Date of Birth: D/ M/ Y/	
City: Province: Postal Code:		
PROFESSIONAL SERVICE ***Please see patient instruction on reverse***		
X-ray (No appointment necessary, walk-in basis) Examination:	Complete Abdomen (Liver, Spleen, Pancreas, Kidney, Gallbladder, Aorta) Spectral Doppler RLQ/Appendix	
Breast Imaging Complete Breast Assessment [Mammography & breast ultrasound] Diagnostic Breast Ultrasound Diagnostic Mammography (with tomosynthesis) R L Bilateral 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	Mass:	
Check all current and future appointments needed.	Other Exam: Musculoskeletal Ultrasound	
1st Trimester Dating: (specify indication) Nuchal Translucency (GA 11w+0d - 13w+6d, preferably after 12 weeks) Other: (specify indication) 2nd Trimester Detailed exam >18 weeks Other: (specify indication) 3rd Trimester BPP: (specify indication) Doppler Fetal Growth: (specify indication) Other: (specify indication)	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 Bicep Tendon R L Elbow R L Carpal Tunnel R L Hip R L Knee R L Achilles R L Vascular Ultrasound Venous (DVT) R L	

HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

Stat Phone Report Phone:_____

Stat Fax Report Fax:

REFERRER INFORMATIO	N ***All images and reports will be available on provincial PACS***
Name:	Practitioner's ID/Stamp:
Copy to:	
Phone: Fax:	Send images with patient (USB copy)
Address:	Signature:

MEDICAL IMAGING REIMAGINED

PATIENT INFORMATION

- 1. Please bring your health insurance card, photo identification, and this requisition.
- 2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
- 3. Please do not bring children who require supervision.
- 4. Arrive 15 minutes prior to your appointment. If you are unable to keep your appointment, call 306.569.9729.
- 5. Kindly advise us of any limitation of mobility prior to your exam. Please let us know if you are in a wheelchair so that we can better accommodate your needs.
- 6. Please do not wear fragrance as others may be sensitive.

PREPARATION INSTRUCTIONS

Complete Abdomen Ultrasound

Have nothing to eat or drink (except water) for six hours prior to examination.

For patients under 36 kg/80 lbs have nothing to eat or drink (except water) for three hours prior to examination.

Renal, Pelvic, Obstetrical Ultrasounds

Drink one litre of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty the bladder. For patients under 36 kg/80 lbs drink 500 ml of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort.

Fetal Growth and Biophysical Profile (BPP) Ultrasounds

Prior to the examination have a snack.

Combination Pelvis and Abdomen Ultrasound

Do not eat for six hours prior to the examination. Drink one litre of water, 1.5 hours prior to your examination. Finish all water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort

For patients under 36 kg/80 lbs Do not eat for three hours prior to the examination. Drink 500 ml of water, 1.5 hours prior to your examination. Finish drinking the water one hour before your appointment. Do not empty your bladder. Drink water slowly to prevent abdominal discomfort.

Mammography

Do not use deodorant, antiperspirant, lotion, or powders before the examination. If tenderness is an issue, stay on a caffeinefree diet. Delay booking until premenstrual tenderness subsides. Please wear a two-piece outfit.

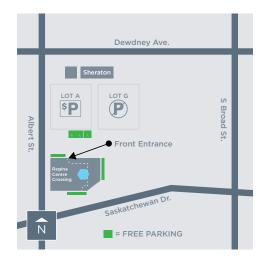
APPOINTMENTS

306.569.9729

Fax: 306.569.3337

Mayfair Diagnostics Regina

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REGINA CENTRE CROSSING PARKING

