



PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ _____ M/ _____ Y/ _____

Name: _____ Female Male

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Other Phone: _____

Date of Birth: D/ _____ M/ _____ Y/ _____

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: _____

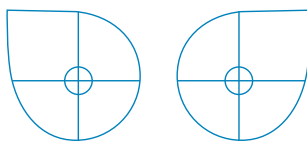
Breast Imaging

Diagnostic Breast Ultrasound

R L Bilateral

Diagnostic Mammography
(with tomosynthesis)

R L Bilateral



Right

Left

Obstetrical Ultrasound

Check all current and future appointments needed.

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)

General Ultrasound

Complete Abdomen

(Liver, Spleen, Pancreas, Kidney, Gallbladder, Aorta)

Spectral Doppler

RLQ/Appendix

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

Scrotum

Mass: _____

Other Exam: _____

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
Bicep	R	L
Elbow	R	L
Carpal Tunnel	R	L
Baker's Cyst	R	L
Hip	R	L
Knee	R	L
Achilles	R	L
Plantar Fascia	R	L

Vascular Ultrasound

Venous (DVT)	R	L	Arm	Leg
--------------	---	---	-----	-----

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 INFORMATION

*****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: _____

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 caffeine-free diet. Delay booking until premenstrual tenderness subsides. Please wear a two-piece outfit.

APPOINTMENTS

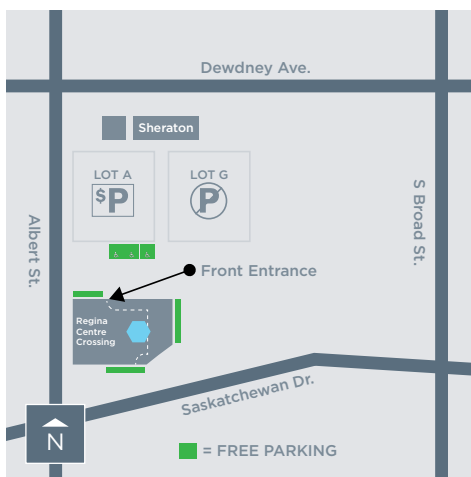
306.569.9729

Fax: 306.569.3337

Mayfair Diagnostics Regina

135, 1621 Albert Street

Regina, Saskatchewan S4P 2S5



REGINA CENTRE CROSSING PARKING



ORDER FORM

Attention! You are almost out of requisition forms.

TO REPLENISH YOUR SUPPLY OF GENERAL REQUISITION FORMS:

E-mail your request to bd@radiology.ca.

Print requisitions directly from www.radiology.ca/requisition-forms.

EMR upload assistance available. Please contact us at bd@radiology.ca.

Clinic: _____

Address: _____

Phone: _____

Email: _____

EMR: _____

Number of requisition pads required: _____

Thank you for your referrals.



Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.