

Diagnostic Imaging Requisition

X-Ray · Ultrasound

SURNAME		FIRST NAME			
ADDRESS		CITY		PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE	PERSONAL HEATH NUMBER		
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	MSP <input type="checkbox"/>	WCB <input type="checkbox"/>	ICBC <input type="checkbox"/>
OTHER <input type="checkbox"/>					

COMPLAINT / DIAGNOSIS:			ENCOUNTER / ACC #:		
PRIORITY: <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT			DATE REQUESTED:		
ISOLATION CONCERNS <input type="checkbox"/> NONE <input type="checkbox"/> AIRBORNE <input type="checkbox"/> DROPLET <input type="checkbox"/> CONTACT <input type="checkbox"/> C DIFFICILE			PREGNANT <input type="checkbox"/> NO <input type="checkbox"/> YES LMP:		

X-RAY	<input type="checkbox"/> Neck (soft tissue)	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ribs	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Hip	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.		
	<input type="checkbox"/> Chest	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Flex/Ext	<input type="checkbox"/> Clavicle	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Femur	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
	<input type="checkbox"/> Skull	<input type="checkbox"/> SI Joints	<input type="checkbox"/> T-Spine	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Knee	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
	<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Sacrum/Coccyx	<input type="checkbox"/> L-Spine	<input type="checkbox"/> Flex/Ext	<input type="checkbox"/> Humerus	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Tibia/Fibula	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.
	<input type="checkbox"/> Paranasal Sinuses	<input type="checkbox"/> Pelvis		<input type="checkbox"/> Elbow	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Ankle	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
	<input type="checkbox"/> Nasal Bones			<input type="checkbox"/> Forearm	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Foot	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
	<input type="checkbox"/> Mandible			<input type="checkbox"/> Wrist	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Calcaneus	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
		<input type="checkbox"/> Other		<input type="checkbox"/> Hand	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	<input type="checkbox"/> Toe	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
				<input type="checkbox"/> Finger	<input type="checkbox"/> Rt. <input type="checkbox"/> Lt.			

ULTRASOUND		
OB/GYN	Abdominal	Superficial Structures/Other
<input type="checkbox"/> Pelvic w/ Transvaginal PRN	<input type="checkbox"/> Abdominal Complete	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Fetal Limited < 12 wks gestation	<input type="checkbox"/> Renal and Bladder	<input type="checkbox"/> Scrotal
<input type="checkbox"/> Soft Tissue:	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Leg Veins (r/o DVT)
		<input type="checkbox"/> Aorta

ORDERING PHYSICIAN	PHONE	FAX
PHYSICIAN'S SIGNATURE	PRACTITIONER NUMBER	
ADDITIONAL COPY OF REPORT TO	PHONE	FAX

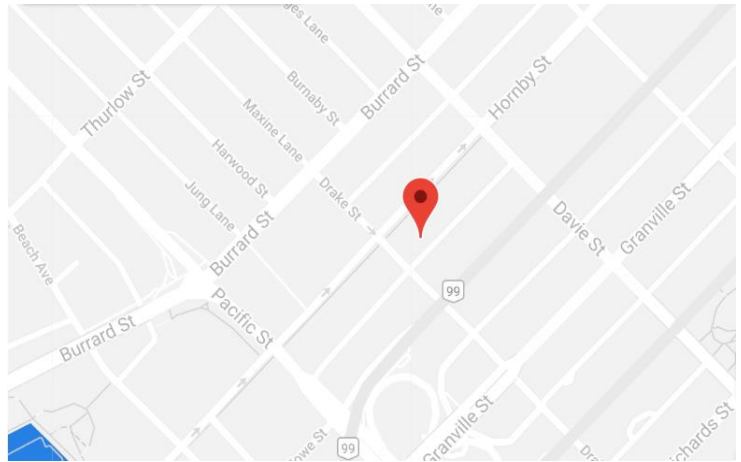
SERVICE LOCATION:

1290 Hornby Street
Vancouver BC V6Z 0A3
T: (604) 416-1870 F: (236) 521-3631

HOURS OF OPERATION:

Monday to Saturday from 8:00 a.m. to 10:00 p.m.
Sundays from 9:00 a.m. to 5:00 p.m.

Seven days a week, 365 days per year



PATIENT PREPARATION FOR ULTRASOUNDS:

Abdominal Ultrasound:

Do not eat after 9:00 p.m. on the day before your ultrasound procedure.
Do not have barium examination or endoscopy before the ultrasound examination.

Pelvis Ultrasound:

Drink one litre of water one hour before your examination.
Please do not empty your bladder until after your examination.
You may not need to remove clothes and jewelry for your ultrasound examination.