

Patient Name:  
 DOB:  
 HCN:  
 Phone/Cell #:  
 Address:

Ordering Physician (please print):

Ordering Physician (signature):

Ordering Physician Contact #:

Date of Referral:

Copies To:

WSIB #:

**Please FAX to 613-354-4331**

**Please call to book an ultrasound exam: 613-354-3301 ext. 263.**

A booking cannot be made unless this requisition is completed in full.

IF a scan is requested because of abnormalities found on imaging studies performed at a facility other than LACGH, the relevant reports and imaging studies must accompany the requisition or patient.

**Clinical Information**

\*Incomplete and illegible requisitions will be returned

Urgent (24 Hours)     Non-Urgent     ED Patient in Hospital     ED Patient sent home     Inpatient

**ABDOMEN AND PELVIS**

(no food/only water 6 hours prior & finish drinking 1L of water 1 hour before exam, full bladder)

- Abdomen and Pelvis
- Appendix
- KUB (fasting not required)

**PELVIS**

(finish drinking 1L of water 1 hour before exam, full bladder)

- Pelvis
- Bladder post void residual

**ABDOMEN**

(no food/drink 6 hours prior)

- Abdomen
- AAA Screen
- Bariatric Pre-op
- Hepatoma Screening
- Kidneys

**HEAD AND NECK**

- Thyroid
- Carotid Doppler

**VASCULAR ULTRASOUND  
(VENOUS DVT)**

- Leg     RT     LT

**HERNIA**

- Abdominal Wall
- Inguinal     RT     LT     Bil
- Umbilical

**OBSTETRICAL ULTRASOUND**

(finish drinking 1L of water 1 hour before exam, full bladder)

LMP:	EDC (based on LMP):	EDC (based on dating US):

**SUPERFICIAL**

- Scrotal/Testicular
- Popliteal Fossa

- Ectopic Beta HCG Level: \_\_\_\_\_
- Dating Scan (< 16 weeks)
- Fetal Anatomy Survey (18-22 wks)
- Limited OBS Scan (follow up/incomplete anatomy)
- Third Trimester Assessment (full bladder not required)
- Other: \_\_\_\_\_

Office use only: Appt Date & Time

Please do not wear any scented products. Patient is required to bring this requisition and Ontario Health card.