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Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

D.O.B: \_\_\_\_\_

**Obstetrical**

- Dating
- NT / eFTS / IPS 1 Screening
- Anatomy
- Growth
- Biophysical Profile/Doppler

**Sonohysterogram**

**Vascular**

- Venous Doppler
  - Upper  Lower
- Varicose Vein Assessment  
(Insufficiency)  Upper  Lower
- Arterial Doppler  Upper  Lower
- Carotid
- Renal/Kidney Arterial Doppler
- Renal/Kidney Transplant
- Aorta & iliac

**General**

- Abdomen Complete
  - Cirrhosis / HCC Screening
  - AAA Screening
- Limited Abdomen  
Specify: \_\_\_\_\_
- Abdomen Complete & Male pelvis
- Abdomen Complete & Female Pelvic
- Female Pelvic & Transvaginal
- Abdominal Wall
- Groin – Hernia  Right  Left
- Male Pelvic(Prostate)
  - Transrectal
- Penile Doppler
- Kidneys + Bladder (KUB)
- Scrotum/Testicles
- Thyroid & Neck
- Neck
- Soft tissue: \_\_\_\_\_
- Breast Right  Left
- Axilla Right  Left

**Musculoskeletal**

- Shoulder  Right  Left
  - Elbow  Right  Left
  - Wrist  Right  Left
  - Hand  Right  Left
  - Hip  Right  Left
  - Knee  Right  Left
  - Ankle  Right  Left
  - Foot  Right  Left
  - Achilles  Right  Left
  - Other muscle  Right  Left
- Specify: \_\_\_\_\_

**Cardiac**

- Adult Echo
  - Saline Study (Stroke)
  - Holter Monitor
- 24hrs  48 hrs  72 hrs  
 7 days  14 days

Referring Practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax: \_\_\_\_\_

OHIP Billing Number: \_\_\_\_\_

Urgent

Verbal

**Instructions**

**ABDOMEN (includes studies of the GALLBLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA)**

No food for 6 hours prior to your exam. You may have clear fluids such as black tea/coffee, clear juice or water. No milk / dairy products or dairy alternatives. Medication SHOULD NOT be discontinued.

**PELVIC TRANSRECTAL**

Purchase FLEET ENEMA from the pharmacy. Follow the instructions on the package.

**OBSTETRICAL (includes Dating, NT, Anatomy, and BPP), K.U.B, AND**

**PELVIC TRANSABDOMINAL**

You must COMPLETE DRINKING 1 liter or 2 glasses of water, clear juice or tea 1 hour before your appointment. DO NOT empty your bladder after drinking. You must have a full bladder for this examination.

**SONOHYSTEROGRAM**

Take 2 Advil / Tylenol 1 hour before your ultrasound. Empty bladder.

**PLEASE BRING REQUISITION AND YOUR OHIP CARD**

This requisition can be taken to any facility providing healthcare services including hospitals and IHFs