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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

- Tubal Patency Investigation
(Incl. Preliminary Female Pelvis US)
- SIS Incl. Preliminary Female Pelvis US

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