

DIAGNOSTIC IMAGING: ULTRASOUND



*Exceptional
Care
Inspired by
You*

QHC-BG
265 Dundas St. E
Belleville, ON
K8N 5A9

QHC-TM
242 King st
Trenton, On
K8V 5S6

QHC-PECM
403 Main Ste. E
Picton, ON
K0K 2T0

QHC-NH
1-H Manor Lane
Bancroft On
K0L1 1C0

Booking office 613 969 7400 ext 2494
NHH 613 332 2825 ext 2494

ORDERING PHYSICIAN (please print)

ORDERING PHYSICIAN (please sign)

Physician Contact Number:

COPIES TO:

OUTPATIENT SERVICES

Name:

DOB:

HCN:

Phone #:

Address:

FAX this requisition to 613-969-5561 WSIB #: _____

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 QHC, the relevant reports and imaging studies must accompany the requisition or patient.

CLINICAL INFORMATION: **If an urgent (same day) scan is required, please contact the Ultrasound Radiologist**

Urgent (24 hours)

Non-Urgent

ED Patient in hospital
ED Patient sent home

IP

BGH

TMH

PEC

NHH

1. Obstetrical Ultrasound: *(finish drinking 1L of water 1 hour before exam, full bladder)*

LMP: _____ EDC: (based on LMP) _____ (based on Dating US) _____

Gestations: Single Multiple

Ectopic Beta HCG level: _____

Dating Scan (<16 weeks)

Fetal Anatomy Survey (18 – 22 weeks)

Limited OBS Scan (follow-up /incomplete anatomy @QHC)

Third Trimester Assessment *(no full bladder required)* *EFW AFI BPP Cord Doppler*

Other: _____

8. Pediatric Ultrasound:

0-5yrs No prep required

Abdomen

Appendix

KUB

Pelvis

Hips - congenital hip dysplasia

(>6 weeks and < 6 months) (BGH only)

Neonatal Brain

(<8 months) (BGH only)

Spine *(<6 months)(BGH only)*

Pylorus

6-12yrs Pediatric prep required

Abdomen *(nothing to eat or drink
6 hours before appointment)*

Appendix *(full bladder = 500 ml of
fluid 1 hour prior to
appointment, do not empty
bladder)*
KUB
Pelvis

2. Upper Abdomen (above umbilicus): *(nothing to eat or drink 6 hours before appointment)*

AAA screen

Abdomen

Bariatric Pre-op

Hepatoma Screening

Limited Abdomen (follow up to prior@QHC)

5. Vascular Ultrasound: *(no prep required)*

Carotid

Venous (DVT):

Leg Rt Lt

Arm Rt Lt

3. Pelvis/Lower Abdomen (below umbilicus): *(finish drinking 1L of water 1 hour before appointment, full bladder)*

Appendix

Bladder Post void residual

Kidneys & Bladder only

Pelvis

6. Peripheral Arterial:

ABI (for compression
stocking evaluation)

Arm (bilateral)

Leg - Initial screening

Leg - Post Screen @ QHC

4. Superficial Structures: *(no prep required)*

Hernia: Abd Wall

Inguinal Rt Lt Bil

Umbilical

Neck (Mass/Salivary Glands)

Testicular/Scrotal

Thyroid

Other: _____

7. Musculoskeletal: *(no prep required)*

Popliteal Fossa:

Rt Lt

Shoulder (Rotator Cuff):

Rt Lt

Foreign Body (please specify):

Lump (location):

Office Use Only: Appt Date and Time