402-4603 Kingsway,Burnaby,BC,V5H4M4
Phone:6044239666 Fax:2362591396

SCREENING ULTRASOUND REQUISITION

Last Name			First Name		Middle Initial
Address			City	Province	Postal Code
Home Phone	Work Phone		PHN#		
Date of Birth DAY | MONTH | YEAR	Gender ☐F ☐M	Weight Kg	Pregnant ☐ Estimated Due Date: ______ Date of last menstrual cycle: ______		

Screen
☐Carotid ☐Abdominal ☐Thyroid ☐Renal
☐Testicular ☐Pelvic ☐Breast ☐OB
☐MSK: ______ ☐Other: ______

PHYSICIAN INFORMATION

Referring Physician (please print): ______

Referring Physician Signature (required): ______ Date ______

College License #: ______ Phone#: ______ Fax#: ______

Additional Copies: ______

Patient Preparation for Ultrasound Exam

For Pelvic Ultrasounds

- Your bladder must be full
- Drink lots of water on the day of the scan and make sure that you are well hydrated
- You may empty your bladder as usual. Drink 2 FULL cups of water 1 hour before the scan

For Abdominal Scans

- No food after midnight on the day of the scan
- No smoking,no chewing gum, and no carbonated beverages
- You may drink water, apple juice, clear tea or clear coffee

For Renal and other scans

- No preparation necessary

Notes: