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IMAGING REQUISITION

BRIDGEWATER, NOVA SCOTIA

455 King St, Bridgewater, NS B4V 1B2
Phone: +1 902 527 2385
bookings@iladiagnostics.com
iladiagnostics.com

Please bring this form to your appointment. To book, call +1 902 527 2385.

PATIENT & APPOINTMENT

PATIENT NAME

ADDRESS

CITY | PROVINCE | POSTAL CODE

HOME PHONE | OTHER PHONE

DATE OF BIRTH | ☐ Male ☐ Female | WEIGHT ☐ lbs ☐ kg

MSI NUMBER | WCB / ACCIDENT DATE

APPOINTMENT DATE | TIME

REFERRING PROVIDER

PRACTITIONER ID

REFERRING PHYSICIAN

CLINIC

PHONE | FAX

COPY TO DR.

FAX COPY TO DR.

PROVIDER SIGNATURE

CLINICAL HISTORY & DIAGNOSIS

ULTRASOUND EXAMS | Select all required exams

ABDOMEN

- ☐ ABD-CMP: Abdomen complete (>1 organ)
- ☐ ABD-FP: Abdomen + female pelvis (no EV)
- ☐ ABD-FP-EV: Abdomen + female pelvis with EV
- ☐ ABD-KUB: Abdomen complete + bladder (KUB)
- ☐ ABD-LTD: Abdomen limited (1 organ)
- ☐ HER-1C: Hernia / appendix / abdominal wall (one side)
- ☐ HER-2C: Hernia / appendix / abdominal wall (both sides)
- ☐ KUB-MP: KUB / male pelvis (abdomen limited / pelvis)

OBSTETRIC

- ☐ OB-1T: OB first trimester
- ☐ OB-1T-EV: OB first trimester with EV
- ☐ BPP-3T: BPP, third trimester only

VASCULAR

- ☐ CAROTID: Carotids
- ☐ VEN-BIL: Venous, peripheral (DVT), bilateral
- ☐ VEN-L: Venous, peripheral (DVT), left
- ☐ VEN-R: Venous, peripheral (DVT), right

PELVIC

- ☐ FP-EV: Female pelvis with EV
- ☐ FP-NOEV: Female pelvis, no EV
- ☐ FP-EV AFC: Female pelvis with antral follicle count

MUSCULOSKELETAL (MSK)

- ☐ ACH-BIL: Achilles tendon, bilateral
- ☐ ACH-L: Achilles tendon, left
- ☐ ACH-R: Achilles tendon, right
- ☐ ANK-BIL: Ankle, bilateral
- ☐ ANK-L: Ankle, left
- ☐ ANK-R: Ankle, right
- ☐ ELB-BIL: Elbow, bilateral
- ☐ ELB-L: Elbow, left
- ☐ ELB-R: Elbow, right
- ☐ FNG-MSK: Finger
- ☐ FOT-BIL: Foot, bilateral
- ☐ FOT-L: Foot, left
- ☐ FOT-R: Foot, right
- ☐ HAM-BIL: Hamstring, bilateral
- ☐ HAM-L: Hamstring, left
- ☐ HAM-R: Hamstring, right
- ☐ HIP-BIL: Hip, bilateral
- ☐ HIP-L: Hip, left
- ☐ HIP-R: Hip, right
- ☐ KNE-BIL: Knee, bilateral
- ☐ KNE-L: Knee, left
- ☐ KNE-R: Knee, right
- ☐ MSK-OTH-B: Other than shoulder, bilateral

MSK (CONTINUED)

- ☐ MSK-OTH-L: Other than shoulder, left
- ☐ MSK-OTH-R: Other than shoulder, right
- ☐ MSK-SH-B: Shoulder, bilateral
- ☐ MSK-SH-L: Shoulder, left
- ☐ MSK-SH-R: Shoulder, right
- ☐ PFA-BIL: Plantar fascia, bilateral
- ☐ PFA-L: Plantar fascia, left
- ☐ PFA-R: Plantar fascia, right
- ☐ TOE-MSK: Toes
- ☐ WRS-BIL: Wrist, bilateral
- ☐ WRS-L: Wrist, left
- ☐ WRS-R: Wrist, right

SOFT TISSUE

- ☐ HN-ST: Head and/or neck, soft tissue
- ☐ ST-LTD: Soft tissue limited (per lump / bump)

Number of areas:

OTHER

- ☐ SAL-GLD: Salivary gland(s)
- ☐ SCR-ULT: Scrotal
- ☐ THY-PRT: Thyroid or parathyroid
- ☐ THY-PRT-2: Thyroid or parathyroid

Preparation instructions and STAT report options are on page 2.

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EXAM PREPARATION

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Before your appointment

Follow the instructions for your selected examination. Bring your requisition to your appointment. Call us if you need help preparing.

APPOINTMENT DATE

APPOINTMENT TIME

ABDOMINAL ULTRASOUND

Do not eat or drink anything for 6-7 hours before your examination. You may take your prescribed medications with water. Avoid chewing gum before and during the examination.

PELVIC, OBSTETRICAL, BPP OR RENAL ULTRASOUND

Drink four glasses (1 litre) of water 1 hour before your appointment. Keep your bladder full; do not urinate before the examination. If your bladder is not full, the examination may not be possible. You may eat as usual.

ABDOMEN & PELVIC ULTRASOUND

Do not eat or drink for 6-7 hours before the examination, except for the water required for bladder preparation: drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder. A full bladder is needed to perform the examination adequately.

VASCULAR ULTRASOUND

No preparation is needed unless your physician or ultrasound technologist gives you specific instructions. For an abdominal aorta ultrasound, do not eat or drink anything for at least 4 hours before the examination.

STAT REPORT OPTIONS

☐ STAT fax report to:

☐ STAT verbal report to:

LOCATION & BOOKING

Ila Diagnostics

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