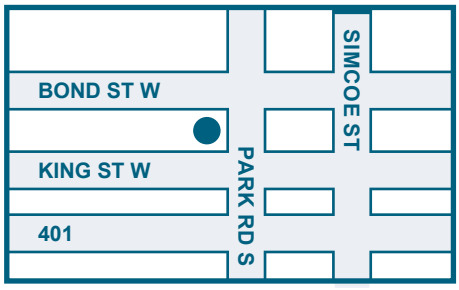
OSHAWA ULTRASOUND DIAGNOSTIC SERVICES

300 King Street West, Unit 108, Oshawa, ON L1J 2K1
oshawaultrasound@gmail.com www.oshawaultrasound.ca
CALL 905-576-2622 FAX 905-576-0798



FREE PARKING

Patient's Name: _____ Referred by: _____

Phone: _____ OHIP: _____ ❑ Walk-In ❑ Appointment _____

Clinical Information: _____

_____

PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM

ULTRASOUND EXAMINATIONS

❑ **Abdomen**	Nothing to eat or drink 8 hours prior to examination
❑ **Kidney** ❑ **Male Pelvis** ❑ **Bladder**	Drink 5 glasses of water 1 hour before examination. **DO NOT VOID (urinate)** until the examination is completed
❑ **Transrectal**	Purchase **FLEET ENEMA** from the pharmacy. Follow the instruction in the package. Take the enema 2 hours before the appointment time.
❑ **Female Pelvis** ❑ **Nuchal Translucency-IPS** ❑ **Transvaginal** ❑ **BPP** ❑ **Obstetrical < 16 wks.** ❑ **Doppler** ❑ **Obstetrical > 16 wks.** ❑ **Fetal Position**	Drink 5 glasses of water (35 - 40 oz). To be finished one hour before the test. **DO NOT VOID**

❑ **Breast** R L	❑ **Chest Masses**	❑ **Aorta (AAA)**
❑ **Thyroid**	❑ **Neck**	❑ **Parotid & Submandibular Glands**
❑ **Testicular**	❑ **Inguinal area** R L	❑ **Other Soft Tissue**

MUSCULOSKELETAL

R L **Shoulder**	R L **Thigh**	R L **Axilla**
R L **Knee**	R L **Hip Joint**	R L **Hamstring & Gluteal area**
R L **Hip**	R L **Carpal Tunnel**	R L **Calf**
R L **Wrists & Hands**	R L **Forearm Muscles**	R L **Other Musculoskeletal**
R L **Elbow**	R L **Achilles Tendons**	_____
R L **Ankle**	R L **Plantar Fascia**	_____
R L **Foot**		

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx.