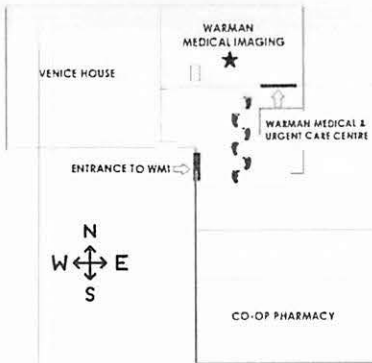


WARMAN MEDICAL IMAGING REQUISITION



3B-620 Central Street West
 Warman, SK. S0K 0A1
 Phone: (306) 651-1288
 Fax: (306) 651-1487
 Email: reception.wmi@sasktel.net

Appointment: _____

Time: _____

Name: _____ Gender: M F

P.H.N.: _____ Address: _____

D.O.B.: _____ Telephone: _____

X-RAY | EXAM / CLINICAL INFORMATION (No Appointment Necessary)

Tech Notes:

ULTRASOUND | CLINICAL INFORMATION

Office Notes:

- | | |
|--|--|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Abdomen Wall |
| <input type="checkbox"/> Pelvic | <input type="checkbox"/> IUD Position |
| <input type="checkbox"/> Abdomen/Pelvic | <input type="checkbox"/> Follicle Tracking |
| <input type="checkbox"/> Renal/Urinary Bladder | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> 1st Trimester | <input type="checkbox"/> 3rd Trimester |
| LMP: _____ | <input type="checkbox"/> BPP |
| | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> 2nd Trimester | EDC: _____ |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Salivary Glands | <input type="checkbox"/> Scrotum |
| <input type="checkbox"/> Axilla | <input type="checkbox"/> Other: _____ |

*Please Indicate:

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip (not for dislocation) | |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Ankle | |
| <input type="checkbox"/> Hand/Finger | <input type="checkbox"/> Foot/Toe | |

Arm Doppler (DVT) Leg Doppler (DVT)

~~Echocardiogram~~ ~~Prior Echocardiogram?~~

Height: _____ cm Performed By: _____

Weight: _____ kg Date: _____

PREPARATION (EXAMS NOT LISTED HAVE NO PREPARATION)

Abdomen: No eating or drinking 8 hours prior to exam.

Pelvic: Finish 5 cups of water 1 hour prior to exam.

Renal/Urinary: Finish 5 cups of water 1 hour prior to exam.

Abdomen/Pelvic: No eating or drinking 8 hours prior to exam and then finish 5 cups of water one hour prior to exam.

1st Trimester: Finish 5 cups of water 1 hour prior to exam.

2nd Trimester: Finish 2 cups of water 1 hour prior to exam.

DOCTOR'S SIGNATURE REQUIRED: _____

DOCTOR'S NAME PRINTED: _____ C.C.: _____

URGENT FAX REQUEST: _____ URGENT PHONE REQUEST: _____