

Phone: 306-933-4500

WARMAN
1-100 6th Ave S
Warman, SK
S0K 4S0
Fax: 306-933-3230

STONEBRIDGE
30-3211 Preston Ave S
Saskatoon, SK
S7T 1C9
Fax: 306-244-4691

DOWNTOWN & SASKSPORTS
3-701 2nd Ave N
Saskatoon, SK S7K 2C9
Fax 306-934-2012

Please bring this requisition to your appointment:

Date:

Time:

PATIENT NAME

REFERRING PHYSICIAN

PHN

PHYSICIAN SIGNATURE

D.O.B.

AGE

GENDER

PHONE

FAX

PHONE

CC

ADDRESS

PHONE

FAX

Exam Requested / Clinical History

ABDOMEN

NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO EXAM

**ABDOMEN/PELVIS COMBINED
(TRANSVAGINAL AS REQUIRED)**

**NOTHING TO EAT 8 HOURS PRIOR TO EXAM
FULL BLADDER REQUIRED (3-4 GLASSES
OF WATER ONE HOUR PRIOR TO EXAM)**

PELVIS (TRANSVAGINAL AS REQUIRED)

IUCD LOCALIZATION ONLY

RENAL/BLADDER

OBSTETRIC

1ST TRIMESTER

2ND TRIMESTER

3RD TRIMESTER

**FULL BLADDER REQUIRED (3-4 GLASSES OF WATER
ONE HOUR PRIOR TO EXAM)**

GROIN / HERNIA

THYROID

NO PREPARATION REQUIRED

MUSCULOSKELETAL

SUPERFICIAL

VENOUS LEG DOPPLER

TESTICULAR

VENOUS ARM DOPPLER

OTHER

PEDIATRICS (FULL SERVICES OFFERED INCLUDING PYLORUS, HIP, SPINE, BRAIN)