



The Ultrasound Centre
DIAGNOSTIC MEDICAL IMAGING

Central Bookings:
306-933-4500

www.theultrasoundcentre.com

***Please bring this requisition to your appointment:**

Date: _____ Time: _____

STONEBRIDGE
3211 Preston Ave S
Saskatoon, SK
P: 306-933-4502
F: 306-244-4691

DOWNTOWN
514 Queen Street
Saskatoon, SK
P: 306-933-4522
F: 306-933-0058

WARMAN
100 6th Ave S
Warman, SK
P: 306-933-4235
F: 306-933-3230

ROSTHERN
6001 12th Street
Rosthern, SK
P: 306-232-4955
F: 306-232-4956

PATIENT NAME _____

PHN _____

D.O.B. _____ AGE _____ GENDER _____

PHONE _____

ADDRESS _____

REFERRING PHYSICIAN _____

PHYSICIAN SIGNATURE _____

PHONE _____ FAX _____

CC _____

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 OR DRINK 8 HOURS PRIOR TO EXAM + FULL BLADDER REQUIRED (3-4 GLASSES OF WATER ONE HOUR PRIOR TO EXAM)**

PELVIS (TRANSVAGINAL AS REQUIRED)
 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**
 MUSCULOSKELETAL **SUPERFICIAL**
 VENOUS LEG DOPPLER **TESTICULAR**
 VENOUS ARM DOPPLER **OTHER**
 PEDIATRICS (FULL SERVICES OFFERED INCLUDING PYLORUS, HIP, SPINE,BRAIN)

*** NO PREPARATION REQUIRED ***

In partnership with

Saskatoon Medical Imaging