



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
(SASK SPORTS)
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

LMP: _____

ABDOMEN **NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO EXAM**

ABDOMEN/PELVIS COMBINED **NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO EXAM**
(TRANSVAGINAL AS REQUIRED) **+ FULL BLADDER REQUIRED (3-4 GLASSES OF WATER**
ONE HOUR PRIOR TO EXAM)

PELVIS (TRANSVAGINAL AS REQUIRED)
 IUCD LOCALIZATION ONLY **FULL BLADDER REQUIRED**
 RENAL/BLADDER **(3-4 GLASSES OF WATER ONE HOUR PRIOR TO EXAM)**
 OBSTETRIC

1ST TRIMESTER

2ND TRIMESTER

3RD TRIMESTER

EDC: _____

HERNIA (GROIN/UMBILICAL) **THYROID**
 SHOULDER **SUPERFICIAL** **NO PREPARATION REQUIRED**

KNEE **TESTICULAR**

VENOUS DOPPLER (ARM/LEG) **OTHER**

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

In partnership with

Saskatoon Medical Imaging