Name:

CARLISLE MEDICAL CENTRE

Address: 1493 Centre Rd., P.O. Box 311, Carlisle Ontario LOR 1H0
Tel: 905.689.3301 ext. 3 Fax: 905.689.8924

Phone:

Sex: DOB: HNON:

www.carlisleultrasound.ca

X-RAY		ULTRASOUND		
No Appointment Needed Hours: Mon: 12-5:30pm Tues (Day): 8:30am-12:30pm (Night): 4-7:30pm Wed, Fri: 8:30am-12:30pm Thurs: 8am-12:30pm		Appointments (Same Day & Future Bookings) Please call for availability.		
		Hours: Mon: 8am-4:30pm Tues: 2pm-8pm Wed: 8am-4:30pm Thurs: 8am-3:30pm Fri: 8:30am-1:30pm		
CHEST	ABDOMEN			
□ Chest PA & Lat	☐ Plain Film (K.U.B.)	Date:		
□ Chest PA	☐ Acute (3 views)			
□ □ Ribs & Chest PA	SPINE & PELVIS	Time:		
□ Sternum	☐ Cervical Spine			
□ SC Joints	☐ Thoracic Spine	☐ Abdomen	Obstetric	
HEAD	☐ Lumbar Spine	│ │ □ RLQ	☐ 1st trimester (dating/viability)	
□ Skull	□ Sacrum	│ │	☐ Nuchal translucency (EFTS)	
□ Facial Bones	□ Coccyx	☐ Inguinal/Hernia	☐ 2nd trimester (anatomy/other)	
□ Nasal Bones	□ S.I. Joints		☐ 3rd trimester	
□ Mandible	□ Pelvis	☐ Renal		
☐ Orbits (Pre MRI)	□ Pelvis & Hip	☐ Bladder (pre & post void)	□ Thyroid	
□ Mastoids	☐ Skeletal Survey	│ │ □ Pelvis	□ Neck	
□ Adenoids	□ Skeletal Sulvey	☐ Transvaginal (if indicated)	□ R Chest (effusion)	
	LIBBED EVEDENITIES	□ Scrotum	□ Breast	
LOWER EXTREMITIES	UPPER EXTREMITIES	☐ Lumps & Bumps		
□	☐ A.C. Joints	□ Others		
	□ □ Clavicle	Other		
□ ® Knee	□ ® Scapula			
🛚 🖹 Tibia & Fibula	□ Shoulder	MUSCULOSKELETAL		
□ ® Ankle	□	☐ ☐ Wrist (e.g. carpal tunnel, De		
□ R Foot	□ ■ Elbow	☐ ☐ Elbow (e.g. ulnar nerve)	🗅 🖺 Plantar Fascia	
□ R Calcaneus	□ ■ Forearm	□ □ Shoulder	□ R Knee	
□ R Toes # 1 2 3 4 5	■ Wrist	☐ ☐ Achilles Tendon	🖺 🖺 Ankle	
□ Weight Bearing	Scaphoid	☐ ☐ Hip: Adult (Effusion)		
	□ ■ Hand	□ ⊞ Hip: Adult (Greater Trochanteric Bursitis)		
	□ Digits # 1 2 3 4 5	□ □ Digits (e.g. trigger finger, synovitis)		
Additional Views: Other Exam:	□ W.S.I.B. Date of Injury:	ULTRASOUND PREPA	ARATION	
a.		ABDOMINAL ULTRASOUND ONLY		
Clinical History:		(e.g. liver, gallbladder, aorta)		
	S.I.N.	Nothing to eat or drink after midnight NO BREAKFAST.	prior to the appointment.	
		PELVIC/BLADDER ULTRASOUND ((bladder, lower abdomen, ovaries, pro Patient is to have finished drinking 6- appointment. PLEASE DO NOT EMP	ostate, uterus) 8 cups of clear fluids 1 hour prior to the	
Referring Doctor:	Date:	ABDOMINAL & PELVIC ULTRASOL		
Billing #:		Nothing to eat after midnight, but pati hour prior to appointment. PLEASE [ent is to drink 6-8 cups of clear fluids 1 DO NOT EMPTY YOUR BLADDER.	
Signature:		OBSTETRIC ULTRASOUND (pregnancy ultrasound)		

PLEASE BRING HEALTH CARD

This requisition can be taken to any licensed facility providing health care services including independent Health Facilities (IHFs) and hospitals.

<10wks pregnant - Drink 6-8 cups of clear fluids 1 hour prior to appointment.

>10wks pregnant - Do not fill bladder.

MUSCULOSKELETAL, RENAL OR SMALL PARTS ULTRASOUND No prep needed.