



# Peace Regional MRI & Ultrasound

115 - 10200 8<sup>th</sup> St., Dawson Creek, BC, V1G 3P8 Tel. 250-784-0040

PLEASE SIGN AND COMPLETE  
ULTRASOUND REQUISITION.

## ULTRASOUND REQUISITION

**FAX TO:**  
**1-888-898-9857**  
OR  
**E-MAIL TO:**  
**orders@peacemri.com**

INCOMPLETE OR ILLEGIBLE  
REQUISITIONS WILL BE RETURNED.

### BODY PART TO BE EXAMINED:

- ABDOMEN
- PELVIS
- RENAL
- IVF
- CAROTIDS
- VASCULAR-ABDOMEN
- VASCULAR-PELVIS
- VASCULAR-ARM
- VASCULAR-LEG
- ECHOCARDIOGRAPHY
- THYROID
- Rt Lt Bilat
- SHOULDER
- ELBOW
- WRIST
- HAND
- HIP
- KNEE
- ANKLE
- FOOT

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_

TELEPHONE (MOBILE): \_\_\_\_\_

TELEPHONE (WORK): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
(MM/DD/YYYY)

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MSP: \_\_\_\_\_ WSBC: \_\_\_\_\_ ICBC: \_\_\_\_\_ RCMP: \_\_\_\_\_ MSP/CLAIM #: \_\_\_\_\_

CURRENTLY PREGNANT?    NO    YES    DUE DATE: \_\_\_\_\_

DATE OF LAST MENSTRUAL CYCLE: \_\_\_\_\_

### HISTORY / INDICATION / TENTATIVE DIAGNOSIS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

### PATIENT PREPARATION

**Pelvic or Obstetrical** - Drink 1.5 litres of clear fluid 1 hour before the exam, then refrain from emptying your bladder. Your bladder must be full for this exam.

**Abdominal** - No food, no smoking, no chewing gum and no carbonated drinks from 10pm the day before the exam. You may drink **small** amounts of juice, water or clear tea/coffee. If you are diabetic, do not take your insulin/diabetic pills until after the exam is complete.

**Renal** - Drink 1 litre of water 1 hour before the exam, then refrain from emptying your bladder.

**Other exams** - No specific preparation is necessary.

REFERRING PHYSICIAN'S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

FAX REPORT TO #: \_\_\_\_\_

ADDITIONAL COPIES TO: \_\_\_\_\_

**PLEASE FORWARD ANY RELEVANT PREVIOUS IMAGING REPORTS PRIOR TO THE APPOINTMENT DATE.**

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

*ULTRASOUND DEPARTMENT USE ONLY*

This form is available on-line at: <http://www.peacemri.com>

Revised March 28, 2018