

ULTRASOUND



Royal Square

#18-15 Worobetz Place

Saskatoon, SK S7L 6R4

Office Hours: Monday-Friday 7:30 a.m. - 6:00 p.m.

Telephone: (306) 974-5255 Fax: (306) 974-5256

Your appointment is at:

_____ am/pm _____

Time

Date

This form **MUST** be presented at time of examination or your appointment **WILL** be rescheduled.

| | |
|---------------------|---|
| Patient Name: _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Address: _____ | Phone: _____ |
| SHSP: _____ | Birth Date: _____ |
| Month/Day/Year | |

| | | | |
|--|---|--|---|
| <input type="checkbox"/> ABDOMEN | <input type="checkbox"/> ABDOMEN WALL ONLY | CLINICAL INFORMATION: | |
| <input type="checkbox"/> PELVIC | <input type="checkbox"/> IUD POSITION ONLY | | |
| <input type="checkbox"/> ABDOMEN AND PELVIC | | | |
| <input type="checkbox"/> RENAL AND URINARY BLADDER | | | |
| <input type="checkbox"/> OBSTETRIC | <input type="checkbox"/> 1 ST TRIMESTER | | L.M.P. _____ |
| | <input type="checkbox"/> 2 ND TRIMESTER | | <input type="checkbox"/> CORD DOPPLER |
| | <input type="checkbox"/> 3 RD TRIMESTER | | <input type="checkbox"/> BPP <input type="checkbox"/> CORD DOPPLER <input type="checkbox"/> PRESENTATION ONLY |
| <input type="checkbox"/> SMALL PARTS | <input type="checkbox"/> THYROID | | SALIVARY GLANDS <input type="checkbox"/> R <input type="checkbox"/> L |
| | | | AXILLA <input type="checkbox"/> R <input type="checkbox"/> L GROIN <input type="checkbox"/> R <input type="checkbox"/> L SCROTUM <input type="checkbox"/> |
| <input type="checkbox"/> MSK | SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L | | ELBOW <input type="checkbox"/> R <input type="checkbox"/> L |
| | | WRIST <input type="checkbox"/> R <input type="checkbox"/> L KNEE <input type="checkbox"/> R <input type="checkbox"/> L ANKLE <input type="checkbox"/> R <input type="checkbox"/> L | |
| <input type="checkbox"/> LEG/ARM VENOUS DOPPLER (DVT only) | | R <input type="checkbox"/> L <input type="checkbox"/> | |
| <input type="checkbox"/> ECHOCARDIOGRAM | PRIOR ECHOCARDIOGRAM? YES / NO | | |
| HEIGHT _____ cm | PERFORMED BY: _____ | | |
| WEIGHT _____ kg | DATE: _____ | | |

DOCTOR'S SIGNATURE REQUIRED _____ C.C. _____

DOCTOR'S NAME PRINTED _____

➡ FOLLOW INSTRUCTIONS ON THE BACK ←



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Patient Preparation Instructions

Ultrasound exams *without* preparation:

- Soft tissue
- Thyroid
- Scrotal
- Groin
- Salivary glands
- Musculoskeletal
- Leg/Arm Doppler
- Echocardiogram

- **Abdomen ultrasound** preparation: Nothing to eat or drink after midnight prior to exam. Medication may be taken with a small amount of water.
- **Abdomen and Pelvic ultrasound** preparation: Nothing to eat or drink after midnight prior to exam. Then one and a half hours before exam finish drinking 40 oz. or 5 glasses of water.
- **Renal, obstetric (first trimester) and pelvic ultrasound** preparation: A full bladder is essential for these exams. If the instructions are not followed your appointment will be rescheduled. You may eat regular meals. One and a half hours before your appointment time, finish drinking 40 oz. or 5 glasses of water. Do not go to the washroom until after your examination.
- **Second and third trimester ultrasound** preparation: One and a half hours before your appointment time, finish drinking 16 oz. or 2 large glasses of water.

Important Patient Information

- Please arrange to leave your children at home or have supervision in the waiting room otherwise your appointment will be rescheduled.
- Technologists do not lift or hold patients. Please arrange to have someone to assist if the patient is in a wheelchair and/or unable to transfer to the bed by themselves.
- Our clinic is *scent free*.
- Arrive 15 minutes early to check in. Late arrivals will be rescheduled.
- A requisition is **required** for all exams. Please bring your hospitalization card.
- Appointments must be cancelled 24 hours before exam to avoid being billed.
- Please do not use your cell phone in the clinic.
- With the exception of obstetrical exams, we do not allow anyone else in the room during the exam. After the medical portion of the obstetrical exam is complete we allow family members in. *The only exceptions are* for patients facing physical or cognitive challenges, pediatric patients, or when an interpreter is required.
- We do not allow the use of photography devices in the exam rooms.
- We can reveal your baby's gender to you provided you are at least 20 weeks gestation or further. Our Sonographers will make every attempt to obtain gender but sometimes the position of baby, or other factors may make it unattainable. *Results are not 100% accurate.*
- ***Please note that appointments will be rescheduled if preparation is not adequate.***
- ***Technologists are not permitted to disclose any ultrasound results. Please contact your doctor in two or three business days for results.***