RADIANCE DIAGNOSTICS

ULTRASOUND REQUISITION

Please bring this completed form to your appointment.
To book, call **639 999 1179** or fax this form to **306 271 3535**.

Suite 1031, Golden Mile Shopping Centre (through the RBC entrance), 3806 Albert Street, Regina, SK S4S 3R2 · **booking@radinc.ca**

BOOKING DATE / TIME

PATIENT & APPOINTMENT INFORMATION

NAME

ADDRESS

CITY PROV POSTAL

PHONE ALT

DOB ☐ M ☐ F HEALTH CARD #

WCB # / INJURY DATE

PREFERRED DATE TIME

REFERRING PROVIDER

PROVIDER NAME

BILLING / PRAC ID

CLINIC

PHONE FAX

COPY REPORT TO

PROVIDER SIGNATURE

DATE

CLINICAL HISTORY & INDICATION

Please include relevant symptoms, prior imaging, LMP for obstetric scans, and the clinical question — this helps our sonographers and radiologist tailor the exam.

ULTRASOUND REQUESTED (tick all that apply · R = right, L = left)

ABDOMINAL & RENAL

- ☐ Complete abdomen
- ☐ Limited abdomen
- ☐ Gallbladder / liver
- ☐ Kidneys, ureters, bladder
- ☐ Appendix
- ☐ Bladder ☐ pre/post-void
- ☐ Other

PELVIC

- ☐ Female pelvis — transabdominal
- ☐ Female pelvis — transvaginal
- ☐ IUD localization
- ☐ Follicle tracking
- ☐ Male pelvis

OBSTETRICAL

- ☐ Early OB — dating / viability
- ☐ OB series
- ☐ Detailed anatomy (18–20 wks)
- ☐ Growth & wellbeing
- ☐ Biophysical profile (≥ 28 wks)
- ☐ Limited OB

SMALL PARTS

- ☐ Thyroid
- ☐ Scrotal
- ☐ Neck — nodes / glands / mass

SUPERFICIAL / SOFT TISSUE

- ☐ Lump / mass
- ☐ Lymph node

VASCULAR & DOPPLER

- ☐ Lower-limb venous (DVT) ☐ R ☐ L
- ☐ Abdominal aorta (AAA)
- ☐ Other

MUSCULOSKELETAL (MSK)

- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist / hand ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee (MRI req. ACL/PCL) ☐ R ☐ L
- ☐ Ankle / Foot / Achilles (circle) ☐ R ☐ L
- ☐ Mass / cyst
- ☐ Muscle (please specify)

PEDIATRIC

- ☐ Abdomen / pelvis
- ☐ Hips (DDH)
- ☐ Pylorus (< 2 months)
- ☐ Other

REPORT & PRIORITY

PRIORITY ☐ Routine ☐ Urgent

☐ Fax report to

☐ Verbal report — phone

☐ Copy to additional provider

EXAM PREPARATION INSTRUCTIONS ON REVERSE →

EXAM PREPARATION

ABDOMINAL, GALLBLADDER OR LIVER ULTRASOUND

Please have nothing to eat or drink for six hours before your appointment. You may take prescribed medications with a small sip of water. Avoid chewing gum, as it can affect the images.

PELVIC, OBSTETRIC, BLADDER OR RENAL ULTRASOUND

Drink about one litre (four glasses) of water one hour before your appointment and do not empty your bladder — these scans need a full bladder to see clearly. You may continue to eat normally. The exam may be rescheduled if the bladder is not full.

COMBINED ABDOMEN AND PELVIC ULTRASOUND

Please combine both sets of instructions: nothing to eat or drink for six hours beforehand, and drink one litre of water one hour before your appointment without emptying your bladder.

VASCULAR & DOPPLER ULTRASOUND

No preparation is usually needed unless your provider or sonographer advises otherwise. For an abdominal aorta scan, please have nothing to eat or drink for six hours beforehand.

SMALL PARTS, SUPERFICIAL & MUSCULOSKELETAL ULTRASOUND

No special preparation is required. Please wear comfortable clothing that allows easy access to the area being scanned.

WHAT TO BRING

Bring this requisition, your Saskatchewan Health card (or other coverage details), a list of current medications, and any relevant prior imaging or reports. You are welcome to bring one support person.

LOCATION & CONTACT

RADIANCE
DIAGNOSTICS

FIND US

Suite 1031, Golden Mile Shopping Centre
(through the RBC entrance)
3806 Albert Street
Regina, SK S4S 3R2

CONTACT

Phone: 639 999 1179
Fax: 306 271 3535
booking@radinc.ca
Monday–Friday, 8:00 am – 5:00 pm

FOR CLINICS — REQUEST REQUISITION PADS

To order printed requisition pads for your clinic, complete the details below and email or fax this page to us, or call 639 999 1179.

CLINIC _____

ADDRESS _____

PHONE _____ EMAIL _____

NUMBER OF PADS REQUESTED _____

Thank you for trusting us with your patients.