

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

☐ Verbal report — phone _____

☐ Fax report to _____ ☐ Copy to additional provider _____

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

[BOOK ONLINE](#)

radinc.ca/book

FIND US

Suite 1031, Golden Mile Shopping Centre

(through the RBC entrance)

3806 Albert Street

Regina, SK S4S 3R2

CONTACT

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FAX **306 271 3535**

booking@radinc.ca

Monday–Friday, 8:00 am – 5:00 pm

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CLINIC

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PHONE EMAIL

NUMBER OF PADS REQUESTED

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