



PRAIRIE SKIES MEDICAL IMAGING Exam Requisition

Booking
P: 306.779.1500
F: 306.522.4311 prairieskies.ca

Name: _____
 Address: _____
 Phone Res: _____ Other: _____

Appointment Details
 Date: _____
 Time: _____
 Location: _____

**Refer to Preparation
Instructions on Reverse**

Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female
 Insurance #: _____ WCB (Y / N) Other: _____

Locations:

6-2727 Parliament Ave Regina, SK S4S 6X5	214 University Park Dr Regina, SK S4V 1A3	6350 Rochdale Blvd Regina, SK S4X 4C2	650 Victoria Ave E, Regina, SK S4N 7E1	15 Thatcher Dr Moose Jaw, SK S6J 1L8
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Significant Clinical History _____ _____	Stat Report Instructions: <input type="checkbox"/> STAT fax report
Date of L.M.P. _____	Patient Signature: _____ <input type="checkbox"/> Send copies of x-ray with patient

X-RAY Requested

Ultrasound: Preparation required for exams marked with*

General	Obstetric	Venous
<input type="checkbox"/> Neck (Salivary glands/ Lymph nodes)	<input type="checkbox"/> Complete Obs Series* (early, NT & detailed)	<input type="checkbox"/> Leg (DVT) R ____ L ____
<input type="checkbox"/> Thyroid	1st Trimester	<input type="checkbox"/> Arm R ____ L ____
<input type="checkbox"/> Abdomen*	<input type="checkbox"/> Early Obstetric (< 14 wk)*	Pediatrics
<input type="checkbox"/> Hernia	<input type="checkbox"/> Nuchal Translucency Screening* (11w3d to 14w0D)	<input type="checkbox"/> Head
<input type="checkbox"/> Liver Surveillance*	2nd Trimester	<input type="checkbox"/> Hips
<input type="checkbox"/> AAA Screen*	<input type="checkbox"/> Detailed Fetal Anatomy (> 18 wks)* <input type="checkbox"/> add Uterine Artery Doppler	<input type="checkbox"/> Spine
<input type="checkbox"/> Renal/Bladder*	3rd Trimester (>28 wks)	<input type="checkbox"/> Pyloric Stenosis
<input type="checkbox"/> Appendix	<input type="checkbox"/> Presentation	
<input type="checkbox"/> Scrotal	<input type="checkbox"/> Biophysical Profile	
<input type="checkbox"/> Pelvis (Female)*	<input type="checkbox"/> Doppler	
<input type="checkbox"/> Follicle tracking	<input type="checkbox"/> Growth	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Adjust growth based on Ethnic origin _____	
	<input type="checkbox"/> Other _____	

Musculoskeletal Ultrasound:
(May require x-rays)

R L **Shoulder**

R L **Elbow:** Biceps
Posterior ____ Medial ____ Lateral ____

R L **Wrist** Dorsal ____ Volnar ____
Radial ____ Ulnar ____

R L **Fingers:**
 Trigger finger Ganglion

R L **Hip:**
 Anterior Lateral
 Ischial (hamstrings)

R L **Knee:**
(MRI required for ACL/PCL,
cartilage and menisci)

R L **Baker's Cyst**

Ankle: Anterior ____ Posterior ____
Medial ____ Lateral ____

R L **Foot:**
 Morton's Neuroma
 Plantar fascia

R L **Lump/muscle (circle one)**
Location: _____

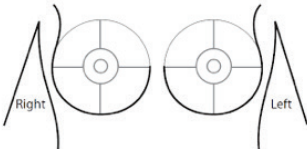
R L **Nerve:** Type ____
Location: _____

R L **Synovitis:** (joints)
Location: _____

Other _____

Breast Imaging

<input type="checkbox"/> Routine Mammography	<input type="checkbox"/> Breast Ultrasound R ____ L ____
<input type="checkbox"/> Diagnostic Mammography (Please provide history)	<input type="checkbox"/> Axilla R ____ L ____



Referring Practitioner Information

Name: _____ Address: _____
 Copy to: _____ Fax Copy _____
 Signature: _____

Practitioner Stamp

Official Diagnostic Imaging provider for





ALL EXAMINATIONS

Please bring your Health Insurance Card and another piece of identification with this form.
If you have any questions about your exam, exam preparation, or need to change,
or cancel your appointment, please contact Booking.

ULTRASOUND

Abdominal:

Adults: Nothing by mouth for 8 hours before the exam. No smoking, candy or gum.
0 to 3 years: Fast for 4 hours before the exam.
4 to 10 years: Fast for 6 hours before the exam.
11 years and older: Fast for 8 hours before the exam.

Medications may be taken with a sip of water if necessary.
Diabetic patients booked in early morning slots.

Aorta for Aneurysm (AAA):

Nothing by mouth for 8 hours before the exam.

Pelvic:

Adults: Drink 1 litre of water 1 hour before the exam and **Do Not** empty bladder.
0 to 3 years: Encourage child to drink 8-12 oz of water 1 hour prior to the exam.
3 to 10 years: Encourage child to drink 12-20 oz of water 1 hour prior to exam and **Do Not** empty bladder.
11 years and older: 20-32 oz of water prior to the exam and **Do Not** empty bladder.

Abdominal/Pelvic:

Nothing to eat or drink for 8 hours prior except for 1 litre of water finished 1 hour before the exam.
Do Not empty bladder.

Renal:

Adults: Finish drinking 32 oz of water 1 hour before the exam and **Do Not** empty bladder.
0 to 3 years: Encourage child to drink 8-12 oz of water 1 hour prior to the exam.
3 to 10 years: Encourage child to drink 12-20 oz of water 1 hour prior to exam and **Do Not** empty bladder.
11 years and older: 20-32 oz of water prior to the exam and **Do Not** empty bladder.

Pyloric Stenosis:

Try to keep baby fasting for 3 hours, if possible. Bring bottle of water for baby.

Baby Hips:

No preparation is needed. Bring bottle of formula or expressed milk for use during the exam.
If baby does not take a bottle, mother should breast feed before the exam.

Baby Spine:

Bring bottle of formula or expressed milk.

Obstetric Ultrasound:

Empty the bladder 2 hours before the exam. One hour before the exam, finish drinking 1 litre of water and
05 to 14 weeks: Do Not empty bladder.

Nuchal Translucency:

Empty the bladder 2 hours before the exam. One hour before the exam, finish drinking 1 litre of water and
Do Not empty bladder.
14 to 16 weeks: Finish drinking 1 litre of water 1 hour before the exam and **Do Not** empty bladder.
Over 28 weeks: Mother should have a light snack 30 minutes before the exam.

MAMMOGRAPHY

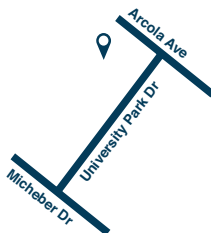
Do Not use perfume, deodorant, antiperspirant or talcum before the examination.
If you experience premenstrual breast tenderness, you may delay booking until tenderness has subsided.
Wear a two piece outfit.
At the time of booking, you will be asked where your previous mammogram was done.

Locations:

6-2727 Parliament Ave
Regina, SK S4S 6X5



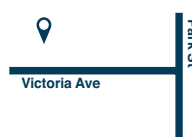
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