Collingwood General
& Marine
459 Hume Street
Collingwood, ON L9Y 1W9

ULTRASOUND

Bookings Tel: (705) 444-8670
FAX: (705) 445-7593
Imaging Tel: (705) 444-8625

Please bring a Valid Health Card & Requisition with you to your appointment

NAME:_____D.O.B:_____

PHONE #_____CELL/WORK #_____

HEALTHCARD #:_____

ADDRESS:_____

***Please arrive 20 mins before your appointment**
NO SHOWS will be charged a $25 fee (we require 24 hrs notice for cancellations)

Appointment

Exam 1:_____

Date: Time:

Exam 2:_____

Date: Time:

CGMH is a scent free facility

Clinical:

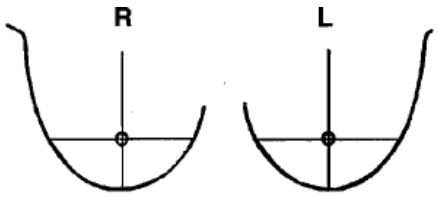
NO PREPARATION EXAMS

☐Prostate ☐Neck ☐Face ☐Thyroid ☐Shoulder (Rt / Lt) ☐Soft Tissue Mass ☐Scrotal/Testicular

☐Other:_____

Doppler ☐Carotid ☐Leg Venous (Rt / Lt) ☐ABI

Breast U/S
☐Breast (Rt / Lt)
***Please use Mammography requisition to order combination Mammo with U/S**



FASTING EXAMS ***NOTHING TO EAT OR DRINK AFTER MIDNIGHT**

☐Abdomen (above umbilicus) Complete ☐ Limited RUQ/LUQ area of interest_____
☐AAA Screen

IF YOUR DOCTOR HAS REQUESTED A **PELVIC U/S TO BE DONE AT THE SAME TIME AS YOUR ABDOMINAL EXAM, NOTHING TO EAT AFTER MIDNIGHT, **FINISH** DRINKING 32OZ (I L) OF WATER **1 ½ HRS PRIOR TO TEST - DO NOT VOID**

FULL BLADDER EXAMS

☐Pelvis Complete ☐Trans Vag ☐Renal Imaging Study (RIS)
☐Limited RLQ/LLQ area of interest_____

Obstetrical U/S **LMP**_____**EDD**_____
☐1st Trimester
☐2nd Trimester
☐3rd Trimester
☐Twins
☐BPP
☐Nuchal Translucency (11 – 14wks)

*EAT NORMALLY

*EMPTY BLADDER 2 HOURS PRIOR TO TEST

***FINISH** DRINKING 32oz (1L) OF WATER
1 ½ HOURS PRIOR TO TEST -DO NOT VOID

_____
Physician's Name (Please Print)

_____
Physician's Signature (Required)

Copy To:_____ FAX #_____

***FAILURE TO FOLLOW PREPARATIONS MAY RESULT IN YOUR TEST BEING REBOOKED**
***CHILDREN (WHOSE PARENTS HAVE AN X-RAY OR ULTRASOUND EXAMS) WILL NOT BE ALLOWED IN THE EXAM ROOM. PLEASE MAKE NECESSARY BABYSITTING ARRANGMENTS**