



Please do not forget to bring this requisition form with you during the appointment.
To book an appointment, please call 403.753.8001/844-967-5352.

6845 66 ST #230, Red Deer, AB, T4P 3T5

rads@wosler.ca

403 753 8001

BOOKING

DATE/TIME

PATIENT AND APPOINTMENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ OTHER PHONE _____

DOB _____ MALE FEMALE WEIGHT _____ [lbs/kg]

AHC# _____ WCB#/ACCIDENT DATE _____

APPT. DATE _____ TIME _____

PHYSICIAN INFORMATION

PRAC ID _____

REFERRING PHYSICIAN CLINIC _____

PHONE _____

COPY TO DR. _____ FAX _____

FAX COPY TO DR. _____

SIGNATURE _____

SIGNIFICANT HISTORY AND DIAGNOSIS

To help our clinic staff provide the most comprehensive patient care, please complete this section with as many details as possible.

DIAGNOSTIC SERVICES

GENERAL ULTRASOUND

- Routine Abdomen
- Abdominal Aorta Screening
- Abdomen Limited
Specify: _____
- Appendix
- Kidney/Urinary bladder (including post void)
- Female Pelvic
- Thyroid
- Neck (salivary glands, lymph nodes, mass)
- Scrotum
- Soft tissue mass (up to 2 areas)
Specify: _____
- HCC Surveillance
- Other: _____

VASCULAR ULTRASOUND

- DVT Lower Extremity
- R L
- DVT Upper Extremity
- R L
- Carotids

OBSTETRICAL ULTRASOUND

- Early Dating (under 14 weeks)
- Detailed Anatomy (~18-20 weeks)
- BPP/Biophysical Profile: (over 28 weeks)
- Growth (over 28 weeks)
- Other: _____

PEDIATRIC ULTRASOUND

- Abdomen
- Appendix
- Pelvis
- KUB (kidney/bladder)
- Scrotum/Testicles
- Thyroid
- Neck (includes salivary glands)
- Other: _____
- Specify: _____

STAT REPORT OPTIONS

Requisitions for non-medical emergencies can be faxed over to the location of your choice.

- STAT Fax: _____
- Stat Verbal Report (Specify Phone Number): _____

EXAM PREPARATION INSTRUCTIONS ON REVERSE

EXAM PREPARATION

ABDOMINAL ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. You may continue to take your medications with water as prescribed. Please do not chew gum before or during the examination.

PELVIC OBSTETRICAL, BIOPHYSICAL PROFILE (BPP) OR RENAL ULTRASOUND

Please drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination may not be done if your bladder is not full. You may continue to eat.

ABDOMEN AND PELVIC ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. Drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination cannot be adequately performed if your bladder is not full.

MUSCULOSKELETAL (MSK) ULTRASOUND

Your examination requires no preparation.

VASCULAR ULTRASOUND

Your examination requires no preparation.

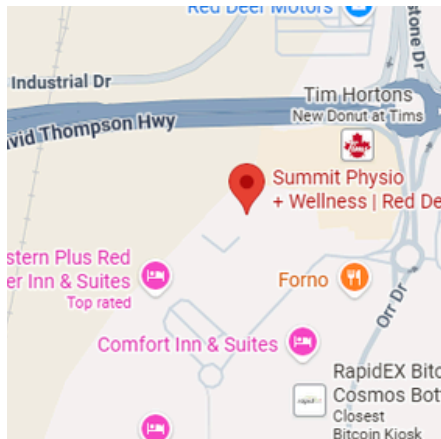


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✉ rads@wosler.ca

🖱 www.wosler.ca



ORDER FORM

TO OBTAIN THIS FORM:

Call us at 403.753.8001

Email your request at rads@wosler.ca

Print requisitions directly from wosler.ca/requisition-forms

Please provide the information below:

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP