HAMILTON ULTRASOUND DIAGNOSTIC SERVICES

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## Patient Details

**Name** _____ **Date of Birth** _____

**Address** _____

_____

**Email Address** _____ **Phone Number** _____

**Healthcard Number** _____ **Version** _____

### Clinical notes / Indication

### Previous imaging?

☐ Yes ☐ No If yes, please include reports from previous 2 years for same issue/area

### Referring physician or healthcare provider

**Signature** _____ **Date** _____

**Billing Number** _____

**Fax Number** _____

**Family physician (if different from referring doctor)** _____

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx.

**Please bring this requisition and your health card**

### General

- ☐ Abdomen (Full)
- ☐ Liver
- ☐ Appendix
- ☐ Gallbladder
- ☐ Kidneys
- ☐ Spleen
- ☐ Pancreas
- ☐ Aorta (AAA)
- ☐ Renal
- ☐ Male Pelvis
- ☐ Inguinal area ☐ R ☐ L
- ☐ Thyroid
- ☐ Neck
- ☐ Testicular
- ☐ Parotid & Submandibular
- ☐ Glands
- ☐ Chest Masses
- ☐ Other Soft Tissue:

### Musculoskeletal Ultrasound

☐ R ☐ L Shoulder

**Scan for patient instructions**