DIAGNOSTIC IMAGING – ULTRASOUND

Huntsville District Memorial Hospital
100 Frank Miller Drive
Huntsville, ON, P1H 1H7
T: 705-789-2311 x2242
F: 705-788-1485

South Muskoka Memorial Hospital
75 Ann Street
Bracebridge, ON, P1L 2E4
T: 705-645-4404 x3112
F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name Last First

Address

Home Phone ( ) - Other Phone ( ) -

☐ **Do not contact patient.** Provide appointment date/time to referring provider.

DOB YYYY / MM / DD ☐ Male ☐ Female

OHIP

Isolation Precautions: ☐ Contact ☐ Droplet/Contact ☐ Airborne

Special Instructions (mobility, communication, etc.): _____ ☐ Falls Risk ☐ Wheelchair req'd

Relevant Clinical History:

Examination preparation may be required

WSIB claim #:_____

☐ Abdomen Complete

Abdomen (Limited)
☐ Renal
☐ AAA follow up
☐ Specify:
_____
_____

Obstetrical
LMP: _____
EDD: _____
☐ Biophysical Profile
☐ Routine/anatomy
20wks = wk of_____
☐ Follow up
☐ Dating

R	L		
☐	☐	Breast	☐ Carotids
☐	☐	Shoulders	
☐	☐	Knees	
☐	☐	MSK Specify:	☐ Other Specify:
		_____	_____
		_____	_____

☐ Urinary Tract/KUB
☐ Pre/Post Void Volume
☐ Male Pelvis
☐ Female Pelvis
☐ Transvaginal

☐ Thyroid/Face/Neck
☐ Testicles

R	L	
☐	☐	Arm Arteries
☐	☐	Leg Arteries
☐	☐	Arm Veins
☐	☐	Leg Veins

Referring Provider:	Signature:	
Copies to:	Date:	OHIP Billing #:

These examinations must be booked; please fax requisition. Preparation will be given at time of booking.

Incomplete:

☐ Patient Information ☐ Clinical History
☐ Exam Requested ☐ Signature
☐ Printed name/CPSO

Refaxed to office _____

Office use only:

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