



BRANT COMMUNITY HEALTHCARE SYSTEM  
**GENERAL ULTRASOUND REQUISITION**  
 200 Terrace Hill St., Brantford ON N3R 1G9  
 Tel: 519-751-5599 Fax: 519-751-5582

**For Office Use Only:**  
 Appointment Date/Time:

REFERRING CLINICIAN INFORMATION		PATIENT INFORMATION	
Name:	Health Card	Version	DOB
OHIP Billing Number:	First Name:	Last Name:	Sex
Address	Address:		M F U
City/Prov:	Postal Code:	City/Province:	Postal Code:
Phone:	Fax:	Phone Number:	Secondary Phone Number:
Signature:	WSIB Claim #:	Secondary Insurance:	
Copies to:	Patient Height:	Patient Weight:	

Does Patient Require Assistance?  Mechanical Lift  Wheelchair  Language Interpreter - Specify:

**ULTRASOUND EXAMINATION (BY APPOINTMENT ONLY) \*\*INCOMPLETE REQUISITIONS WILL BE RETURNED\*\***

General	Musculoskeletal	Obstetrical
<input type="checkbox"/> Abdomen <input type="checkbox"/> Limited Abdomen (focused) Location _____ <input type="checkbox"/> Pelvis (includes Transvaginal unless contraindicated) <input type="checkbox"/> Pelvis (excludes Transvaginal) <input type="checkbox"/> Limited Pelvis (Bladder- Pre and Post void) <input type="checkbox"/> Male Pelvis <input type="checkbox"/> KUB (Kidneys, Ureters, Bladder) <input type="checkbox"/> Abdominal Wall <input type="checkbox"/> Testicular/Scrotal <input type="checkbox"/> Hernia Location _____ <input type="checkbox"/> Liver Cirrhosis (Abdomen + Doppler Scan) <input type="checkbox"/> Lump/Bump Location _____ <input type="checkbox"/> Other _____  <b>Face/Neck</b> <input type="checkbox"/> Thyroid <input type="checkbox"/> Lump/Bump Location _____	<input type="checkbox"/> Achilles Tendon L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Ankle L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Elbow L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Feet L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Hamstring L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Hip L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Knee L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Shoulder L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Wrist L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Other Joint/Muscle L <input type="checkbox"/> R <input type="checkbox"/> Specify: _____  <b>Vascular</b> <input type="checkbox"/> Carotid <input type="checkbox"/> Aorta/Iliacs <input type="checkbox"/> Arterial Extremity <input type="checkbox"/> Arm L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Leg L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Venous Extremity <input type="checkbox"/> Arm L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Leg L <input type="checkbox"/> R <input type="checkbox"/>	Single <input type="checkbox"/> Twins <input type="checkbox"/> LMP _____ DD/MM/YY EDC _____ DD/MM/YY  <input type="checkbox"/> Dating <input type="checkbox"/> Nuchal Translucency (IPS) <input type="checkbox"/> Anatomy Scan (18-21 weeks) <input type="checkbox"/> 3 <sup>rd</sup> Trimester Screen <input type="checkbox"/> 3 <sup>rd</sup> Trimester with BPP <b>Neonatal</b> <input type="checkbox"/> Head (open fontanelle) <input type="checkbox"/> Hips (6weeks to 10 months) <input type="checkbox"/> Pylorus <input type="checkbox"/> Spine <b>Biopsy</b> <input type="checkbox"/> Thyroid <input type="checkbox"/> Liver <input type="checkbox"/> Abdominal <input type="checkbox"/> Other _____ <b>Patient on Blood Thinners?</b> Y <input type="checkbox"/> N <input type="checkbox"/> If yes specify: _____

For breast ultrasound please use the Breast Imaging Requisition located on our website:  
[www.bchsys.org](http://www.bchsys.org)

**CLINICAL HISTORY: REASON FOR ORDER**

**Previous Surgeries:**

Related Previous Imaging:  Yes  No If yes, Where: Please attach previous if not completed at BGH.  
 Please include all relevant patient history including previous reports or consult notes as appropriate.