

# NorthShore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

## North Vancouver

Head Office  
139 West 16th Street  
North Vancouver, BC  
V7M 1T3  
Tel: 604 987 9729

## West Vancouver

Hollyburn Medical Centre  
110 - 575 16th Street  
West Vancouver, BC  
V7V 4Y1  
Fax: 604 984 8395

## Squamish

Downtown Squamish  
38117 2nd Ave  
Squamish, BC  
V8B 0B9  
[www.nsmi.ca](http://www.nsmi.ca)

## ULTRASOUND REQUISITION

To book an appointment, please call: **604 987 9729** We require your BC CareCard number at this time.  
Please present your requisition and BC CareCard to the receptionist when you arrive for your examination.

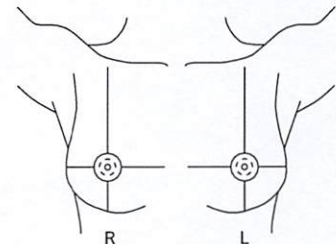
Dr:	Billing #:	Date:
Clinic:		
Additional copy to:		
Patient Name Last:	First:	
Address:		Postal Code:
Phone:	Email Address:	
Date of Birth: (dd/mm/yy)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Personal Health Number (BC CareCard):		

APPOINTMENT:	Date:	Time:
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Please note: Missed appointments or cancellations without 24 hour notice subject to \$75 fee.

### ULTRASOUND EXAM REQUESTED:

- |   |  |
|---|--|
| <input type="checkbox"/> Abdomen                        | <input type="checkbox"/> Breast (Indicate area on diagram) |
| <input type="checkbox"/> Pelvis                         | <input type="checkbox"/> Hernia                            |
| <input type="checkbox"/> Renal / Bladder                | <input type="checkbox"/> Thyroid                           |
| <input type="checkbox"/> Obstetrical LMP: _____         | <input type="checkbox"/> Scrotum                           |
| <input type="checkbox"/> Nuchal Translucency LMP: _____ | <input type="checkbox"/> Other _____                       |



### HISTORY AND CLINICAL FINDINGS:

I agree to allow the radiologists to use their discretion in the choice of imaging techniques and subsequent tissue sampling.

☐ Yes ☐ No

Doctor stamp

Clinic stamp

## YOUR ULTRASOUND APPOINTMENT

Please present your requisition and BC CareCard upon arrival.

### To the patient - preparation for your ultrasound examination

- |   |   |
|---|---|
| <b>1. Abdomen Only</b>  | a) Nothing to eat or drink after midnight.<br>b) Take medications as normal with small amount of water.   |
| <b>2. Pelvic or Obstetric or Renal</b>                        | a) <b>Must have a full bladder for exam.</b><br>b) Two hours before your appointment, drink 1 litre of water.<br>c) <b>Do not</b> go to the washroom until after the exam.<br>d) <b>If your bladder is not full, your examination may need to be rescheduled.</b><br>e) Continue eating your regular meals. |
| <b>3. Abdomen and Pelvis together in one appointment only</b> | a) Nothing to eat after midnight.<br>b) <b>Must have a full bladder for exam.</b><br>c) Two hours before your appointment, drink 1 litre of water.<br>d) <b>Do not</b> go to the washroom until after the exam.<br>e) <b>If your bladder is not full, your examination may need to be rescheduled.</b>      |

### After your ultrasound appointment

A radiologist will interpret the images and send a report to your doctor or specialist. Your doctor or specialist will discuss the results of the scan with you.

