



For Ultrasound Appointment
 FAX Requisitions: (250) 412-1782
 Central Booking Tel:
 (250) 412-1780

**REQUEST FOR EXAMINATION
 X-RAY • ULTRASOUND**

PATIENT INFORMATION			
Patient's Last Name	Address	City	
First Name	Postal Code	Phone Number	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY)	Health Card Number	

INSURANCE	PATIENT INFORMATION	PATIENT INSTRUCTIONS
<input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> Private <input type="checkbox"/> WorkSafe BC <input type="checkbox"/> Other: _____	Is patient diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate any known/ suspected communicable infectious diseases: _____	<ul style="list-style-type: none"> • Please bring this form, Health Card and other medical coverage information. • Arrive 15 minutes prior to appointment and give 24 hours notice if unable to attend. • If you are late for this appointment, you may have to reschedule. • Please notify reception if you are diabetic. • Children may not accompany you during your exam. Please arrange for proper child supervision. • WCMI is a scent free environment

X-RAY (No Appointment)	ULTRASOUND (By Appointment Only)	PERTINENT CLINICAL INFORMATION (please specify)
Examination requested:	Examination requested:	

APPOINTMENT TIME AND DATE	
Time	Date
<input type="checkbox"/> VERBAL	

PHYSICIAN INFORMATION	REFERRING PHYSICIAN OFFICE STAMP
Physician Name	
Date	
Copy to	Practitioner Number: _____
Physician Signature	

VICTORIA (7 LOCATIONS) ULTRASOUND PREPARATION

**X-RAY • ULTRASOUND
 MAMMOGRAPHY • BONE DENSITY**
 offered at:

Unit #301 Phone: 250-598-0193
 1990 Fort Street Fax: 250-412-2005

SCREENING MAMMOGRAPHY
 offered at:

Unit #305 Phone: 250-952-4232
 1990 Fort Street Fax: 250-952-4411

MRI (private pay) & X-RAY
 offered at:

Unit #243 - Uptown Mall Phone: 250-595-2401
 3561 Blanshard Street Fax: 250-595-2408

Fast Track X-ray by App.

X-RAY SERVICES
 offered at:

Unit #203 Unit #102
 1120 Yates Street 582 Goldstream Avenue
 Phone: 250-386-8305 Phone: 250-478-8812
 Fax: 250-386-7788 Fax: 250-478-9950
Fast Track X-ray by App. Free Parking

Unit #210 Unit #3
 1641 Hillside Avenue 101 Burnside Rd. West
 Phone: 250-598-1991 Phone: 250-475-2020
 Fax: 250-598-8663 Fax: 250-475-2502

6695 Sooke Road
 Telephone/Fax:
 250-642-4042

ABDOMEN: **12 and older:** Nothing to eat or drink 12 hours prior to examination.

RENAL (ONLY): **Children age 11 and under:** if fasting is required, do so only for 3 hours prior to ultrasound.

RENAL / BLADDER: No preparation.

PELVIC: **11yrs and older:** Drink 16 fl.oz. (2 cups) of water. finish one (1) hour prior to the examination. Do not void, a full bladder is required.

OBSTETRICAL ULTRASOUND: **Children age 4-10 yrs old:** Drink 8 fl.oz. (1 cup) of water, finish one (1) hour prior to the examination. Do not void, a full bladder is required.

****DIABETIC PATIENTS:** Drink 32oz of fluid 1.5 hours before examination.
DO NOT EMPTY BLADDER.
Drinking must be finished 1 hour prior to appointment time.

MAMMOGRAPHY: (Under 14 weeks) Drink 24oz of fluid 1.5 hours before examination.
 (Over 14 weeks) Drink 16oz of fluid 1.5 hours before examination.
 (Over or Under 14 weeks) **DO NOT EMPTY BLADDER.**
Drinking must be finished 1 hour prior to appointment time.

FOR ALL EXAMINATIONS: For ultrasound when fasting is required, take your insulin as usual and use a lactose free protein supplement to maintain calories (preferably Glucerna, Ensure or Boost).

FOR ALL EXAMINATIONS: Please do not wear talcum powder, deodorant or perfumes.

FOR ALL EXAMINATIONS: Discuss your medications and medical condition with your Doctor before beginning the preparations.
 For your convenience, two-piece, loose fitting garments are preferred.