



SOUTHWEST ULTRASOUND

LTD

460 Wellington Street (Suite 201)
St Thomas, On N5R 6H9

APPOINTMENT DATE AND TIME

Hours of service: Mon-Fri 8-4

(Evenings and Saturdays when available)

For Appointments call 519-631-8531 FAX 519-631-8111

Please leave a message or Email us at: info@southwestultrasound.ca

Allow 48 Hours to process routine requests

PATIENT INFORMATION

Last Name _____ First Name _____

Address _____ DOB _____
(YY/MM/DD)

(H) Phone # _____ (C) Phone# _____

Health Card # _____ VC _____

Email _____

Mobility Issues/Special Needs

Yes ☐

Elevator available at front entrance

Important: You must have a valid Health Card. Please bring with you.

Please refrain from bringing small children without supervision

GENERAL

- ☐ Abdomen
- ☐ Abdomen Ltd
- ☐ Abdomen/Pelvis
- ☐ AAA
- ☐ Kidneys
- ☐ Kidney/Bladder
- ☐ Female Pelvis + TV
- ☐ Female Pelvis
- ☐ Male Pelvis

Small Parts

- ☐ Scrotal
- ☐ Thyroid
- ☐ Neck
- ☐ Face
- ☐ Soft Tissue Mass

Hernia

- ☐ L ☐ Groin
- ☐ Umbilical hernia
- ☐ Ventral hernia

Miscellaneous

☐ _____

VASCULAR

- ☐ Carotid

Venous Doppler

(R/O DVT)

- ☐ Rt Arm ☐ Lt Arm
- ☐ Rt Leg ☐ Lt Leg
- ☐ Bilateral Leg

- ☐ ABI Rt ☐ Lt ☐
- ☐ Venous Insufficiency Rt ☐ Lt ☐

MSK

- Shoulder Rt ☐ Lt ☐
- Bicep Rt ☐ Lt ☐
- Elbow Rt ☐ Lt ☐
- Wrist/Hand Rt ☐ Lt ☐
- Finger _____ Rt ☐ Lt ☐
- Hip Rt ☐ Lt ☐
- Knee Rt ☐ Lt ☐
- Hamstring Rt ☐ Lt ☐
- Calf Rt ☐ Lt ☐
- Achilles Rt ☐ Lt ☐
- Foot/Ankle Rt ☐ Lt ☐
- Plantar Fascia Rt ☐ Lt ☐
- Toe _____ Rt ☐ Lt ☐
- Other _____

OBSTETRICAL

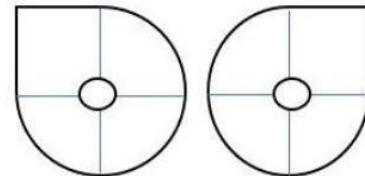
LMP _____ EDC _____

Current GA _____

- ☐ Dating
- ☐ eFts & Anatomy
- (Future appointments will be coordinated)
- ☐ Screening (eFTS)
- ☐ Routine Anatomy
- ☐ Multiple Gestation
- ☐ Growth
- ☐ Doppler
- ☐ Recheck/Other _____

Breast Rt ☐ Lt ☐ Bilateral

Axilla Rt ☐ Lt ☐ Bilateral



Rt

Lt

(Please identify quadrants of concern)

REASON FOR EXAM/CLINICAL HISTORY

Ordering Provider _____

Billing# _____ CPSO# _____

Phone _____ FAX _____

Signature _____

☐ URGENT (Contact # _____)

The radiologist may alter orders if symptoms warrant



SOUTHWEST ULTRASOUND Ltd.

Across from Elgin Mall located in the Professional Arts Plaza



Please arrive 15 minutes prior to your appointment with your Health Card.

Patients without On Health card, can pay prior to imaging. Cash or E-transfer

Abdominal Ultrasound

Nothing to eat or drink 10 hrs prior, the night before appointment

If medications need to be taken – a sip of water only

Abdominal and Pelvic

Nothing to eat or drink 10 hrs prior before your appointment – If medications need to be taken – a sip of water only

Pelvic – Female

Finish drinking 4 Cups of water (Not Carbonated) 1 hour prior to your appointment and HOLD....your bladder must be full....You may eat prior to this scan.

Kidney/Bladder

Nothing to eat or drink (No chewing gum) 6 hours prior to your appointment.

Finish drinking 4 Cups of water (Not Carbonated) 1 hour prior to your appointment and HOLD Your Bladder must be full for this scan.

Neck (Thyroid, Carotid, palp Lump)

Low cut top or shirt

Shoulder

Tank top (women), Men remove shirt

Hip/Knee-Shorts/Skirt

Wear a 2 piece outfit for your comfort

Breast Ultrasound

Wear a 2 piece outfit for your comfort.

OB/Dating/EFTs, Fetal Anatomy

Finish drinking 750 ml of liquid (Not Carbonated) 1 hour prior to your appointment and HOLD....your bladder must be full....You may eat prior to this scan.

Vascular- Legs

Track pants, loose shorts, skirt, dress

Vascular Upper arm

Women- Tank top, Men remove shirt

Please wear comfortable clothes preferably 2 piece outfits, to allow easy access for imaging.

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