SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS

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Patient Details

Name

Date of Birth

Address

Email Address

Phone Number

Healthcard Number

Version

Clinical notes / Indication

Previous imaging?

☐ Yes ☐ No If yes, please include reports from previous 2 years for same issue/area

Referring physician or healthcare provider

Signature

Billing Number

Fax Number

Family physician (if different from referring doctor)

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx.

Please bring this requisition and your health card

Please select:

1st Trimester Scan

- ☐ Dating and viability
- ☐ Pregnancy location
- ☐ 11-13 week nuchal translucency and early anatomy

2nd- 3rd Trimester Scan

- ☐ 18-20 week anatomy scan
  - ☐ incl. tranvaginal assessment of cervix length
- ☐ Fetal growth
- ☐ Amniotic fluid
- ☐ Biophysical profile
- ☐ Fetal presentation
- ☐ Cervical length
- ☐ Placental location

Advanced Pregnancy Scan

- ☐ Fetal Dopplers
- ☐ Maternal uterine artery Dopplers
- ☐ Chorionicity in twin pregnancies
- ☐ TTTS assessment

Gynecologic Scan

- ☐ Abnormal uterine bleeding
- ☐ Post-menopausal bleeding
- ☐ Pelvic pain
- ☐ Ovarian cyst / Pelvic mass
- ☐ Intrauterine device check
- ☐ Infertility
- ☐ Fertility monitor cycle

Advanced Gynecologic Scan

- ☐ Endometriosis ultrasound incl. limited abdomen & incl. preliminary pelvic study
- ☐ Saline-infusion sonohysterography (SIS) incl. preliminary pelvic study
- ☐ Tubal patency assessment (HyCoSy) incl. preliminary pelvic study

Scan for patient instructions