Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

ULTRASOUND REQUISITION

☐ Alexandra Hospital Ingersoll (AHI)
AHI Scheduling/Bookings Contact:
Phone: 519-485-9611 Fax: 519-485-9601

☐ Tillsonburg District Memorial Hospital (TDMH)
TDMH Scheduling/Bookings Contact:
Phone: 519-842-6335 Fax: 519-842-4299

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____

Phone: _____ Fax: _____

Provider Billing #: _____

Provider Signature: _____

Copy to: _____

Patient Information:

Name (Last, First): _____

Date of Birth (DOB): _____ ☐ Male ☐ Female
YYYY MM DD

Personal Identification Number (PIN): _____

Address: _____

Phone Number (Home): _____

(Other): _____

Health Card Number: _____ Version Code: _____

☐ Workplace Safety & Insurance Board (WSIB)? (Please include approval for specific exam)

Claim #: _____

Date of injury (YYYY/MM/DD): _____

☐ 3rd Party or Insurance (Company or Self-pay): _____

Does this patient have special needs or impairments?

(Please specify): _____

☐ **Send to Emergency Department** ☐ **Send to Office**

Clinical Indication, History:

Examination(s) Requested:

EXAMS REQUIRING PREPARATION

☐ Abdomen
☐ Aorta
☐ Abdomen and Pelvis
☐ Kidney and Bladder
☐ Pelvis and Limited Abdomen (Diverticulitis-Appendicitis)
☐ Pelvis

Below TDMH ONLY:

☐ Thyroid Biopsy or Aspiration
☐ Lymph Node Biopsy

Obstetrical (#): Gravida(G)____ Para (P)_____ Abortus (A)____

Last Menstrual Period (LMP) (YYYY/MM/DD) _____

Estimated Date of Confinement (EDC) (YYYY/MM/DD)_____

☐ Obstetrical Dating
☐ Obstetrical Enhanced First Trimester Screen (eFTS) (TDMH only)
☐ Obstetrical Routine Anatomy (20 weeks)
☐ Obstetrical (High Risk)
☐ Obstetrical Twins

EXAMS WITH NO PREPARATION

☐ Carotid Doppler
☐ Thyroid
☐ Neck
☐ Scrotum (Testicular)
☐ Abdominal wall (Hernia)
☐ Soft Tissue Other (specify) _____
☐ Musculoskeletal (specify) _____

EXAMS WITH NO PREPARATION

Right	Left	
☐	☐	Shoulder
☐	☐	Groin (inguinal hernia)
☐	☐	Arm Arteries (AHI only)
☐	☐	Arm Veins (Deep vein thrombosis (DVT))
☐	☐	Leg Arteries (AHI only)
☐	☐	Leg Veins (DVT)
☐	☐	Leg Veins (venous insufficiency - AHI only)

UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RETURNED AND APPOINTMENTS WILL NOT BE BOOKED UNTIL A SIGNED AND COMPLETED REQUISITION IS RECEIVED.