



# Ultrasound Requisition

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### Patient Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ HCN# \_\_\_\_\_

### Referring Physician

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Exam Requested: \_\_\_\_\_

Indication for Exam: \_\_\_\_\_

If previous Ultra Sound report is available, please include.

- Exam Prep:** (1) Ultrasound Abdomen - (Nothing to eat or drink) NPO after midnight, the day before exam.  
(2) Ultrasound Kidney - 32oz. of water, finished 1 hour before exam.  
(3) Ultrasound Pelvis - 32oz. of water, finished 1 hour before exam.

**HealthView Imaging Use Only**

Date: \_\_\_\_\_

Time: \_\_\_\_\_