



REQUISITION FOR OBS/GYN ULTRASOUND DEMANDE D'ECHOGRAPHIE- OBS/GYN

Please send all requisitions by fax and we will contact the patient directly with an appointment date

Telephone-Téléphone : 613-761-4227

Fax-Télécopieur : 613-739-6847

Name (Last, First, M.I.):

Sex-Sexe:

DOB: /YA /MM /DJ

Health Insurance No:

-Version:

-EXP:

Street #-N° Rue

Street Name-Nom Rue

City-Ville:

Prov: Postal Code:

Telephone/ Téléphone:

Referring Physician (print-en lettres moulées) :

Signature:

Telephone-Téléphone : _____

Billing #: _____

Fax-Télécopieur : _____

Address: _____

Date(yyaa/mm/dj) : _____

EXAMINATION(S) REQUESTED

Reason For Request:	OBSTETRIC	GYNE
	<input type="checkbox"/> DATING <input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> CARDIAC	<input type="checkbox"/> PELVIC <input type="checkbox"/> LEVEL 2 GYNE (endometriosis) <input type="checkbox"/> Gyne Pelvic Floor
	<input type="checkbox"/> EFTS/ IPS <input type="checkbox"/> Fetal Assessment <input type="checkbox"/> VERSION (ECV) <input type="checkbox"/> Other: _____	<input type="checkbox"/> GCyst Aspiration -include pelvic u/s report <input type="checkbox"/> SIS -Include pelvic u/s report <input type="checkbox"/> Tubal Patency -Include pelvic u/s report
Extra notes:	EFTS done: <input type="checkbox"/> YES <input type="checkbox"/> NO LMP: _____ EDC: _____	<p style="text-align: center;">G T P A L</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>

Please check any medical problems that the patient has been diagnosed with:

- Hypertension: _____
 MMR (Measles, Mumps, Rubella) or HIV: _____
 Cardiac Disease: _____
 Other (please specify): _____
 Diabetes

If requesting a Obstetric Level 2 / Cardiac, please include:

- OMA/ MOHLTC Antenatal Record 1 (or equivalent)
- 1st Trimester Dating Scan (unless done at TOH)
- IPS / MSS / EFTS Results
- Non-TOH scans reporting an abnormality
- Genetics Consultation
- Most Recent HbA1c level for pre-gestational diabetes

If requesting a Version, please include:

- Blood Group Lab Report

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1053, ave Carling Ave
Ottawa, ON K1Y 4E9
4th floor- 4^e étage

Campus Général Campus
501, rue Smyth Rd
Ottawa, ON K1H 8L6
8th floor- 8^e étage

Campus Riverside Campus
1967, prom. Riverside Dr
Ottawa, ON K1H 7W9
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