The Ottawa Hospital | L'Hôpital d'Ottawa

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 #-Nº Rue

Street Name-Nom Rue

City-Ville:

Prov: Postal Code:

Telephone/ Téléphone:

Referring Physician (print-en lettres moulées) :

Signature:

Telephone-Téléphone : _____

Fax-Télécopieur : _____

Address: _____

_____

Billing #: _____

Date(yyaa/mm/dj) : _____

EXAMINATION(S) REQUESTED

Reason For Request:

OBSTETRIC

- ❑ DATING
- ❑ EFTS/ IPS
- ❑ MORPHOLOGY
- ❑ Fetal Assessment
- ❑ LEVEL 2
- ❑ VERSION (ECV)
- ❑ CARDIAC
- ❑ Other: _____

GYNE

- ❑ PELVIC
- ❑ GCyst Aspiration -include pelvic u/s report
- ❑ LEVEL 2 GYNE (endometriosis)
- ❑ SIS -Include pelvic u/s report
- ❑ Gyne Pelvic Floor
- ❑ Tubal Patency -Include pelvic u/s report

Extra notes:

EFTS done: ❑ YES ❑ NO

LMP: _____

EDC: _____

G	T	P	A	L
☐	☐	☐	☐	☐

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

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

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

Campus Civic Campus
1053, ave Carling Ave
Ottawa, ON K1Y 4E9
4th floor- 4è étage

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

Campus Riverside Campus
1967, prom. Riverside Dr
Ottawa, ON K1H 7W9
7th floor- 7è étage

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