

ULTRASOUND CLINIC

MELFORT

1121 Main Street Mall | Melfort, SK S0E 1A0
p: 306 752 3166 f: 306 752 3167 c: 306 921 3107

HUMBOLDT

2408 Westwood Centre | Humboldt, SK S0K 2A0
p: 306 682 3163 f: 306 682 3164 c: 306 231 6188

PRINCE ALBERT

300-681 15th Street W | Prince Albert, SK S6V 7H9
p: 306 764 1986 f: 306 764 1978 c: 306 960 8862

PATIENT INFO

Patient Name: _____ Health #: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Male Female DOB: _____ dd / mm / yyyy LMP: _____ dd / mm / yyyy

Contact #'s Cell: _____ Work: _____ Home: _____

APPOINTMENT

**** NOTE **** We appreciate a 1-DAY NOTICE OF CANCELLATION OR RESCHEDULING. All patients must be at the Clinic no later than 5 minutes prior to appointment time. **IF YOU BRING CHILDREN ALONG TO AN APPOINTMENT, PLEASE HAVE ANOTHER ADULT TO SUPERVISE.**

REQUISITION

WALK IN WHEELCHAIR STRETCHER

- | | | |
|---------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Hand/Fingers | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Hip (Adult) | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Foot/Toes | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Other _____ | | |

INDICATIONS

- Non-Urgent
 Semi-Urgent (3-5 days)
 Urgent (1-2 days)

Referring Physician _____ Signature _____

PLEASE SEND A COPY TO _____

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