



VANCOUVER ULTRASOUND

温哥华超声波检查诊所

ULTRASOUND REQUISITION

VANCOUVER ULTRASOUND LTD.
#303-550 W BROADWAY VAN V6H 1G9
#301-3965 KINGSWAY, BBY, V5H 1Y8
T: 604-569-0616 F: 604-568-6599

Website: vanultrasound.com
Email: info@vanultrasound.com

INFORMATION

LAST NAME: _____ FIRST NAME: _____ M
 F

ADDRESS: _____
 _____ CITY: _____ PROVINCE: _____ POST CODE: _____

BIRTH DATE: _____ AGE: _____ HOME PH: _____
 MM/DD/YYYY

ICBC CLAIM #: _____ WCB CLAIM #: _____ WORK PH: _____

OTHER PRIVATE CORPORATION ETC.: _____

RELEVANT HISTORY / FINDINGS ETC.

TYPE OF EXAMINATION REQUESTED

General Ultrasound

- Abdomen
- Pelvis
- Renal / Bladder
- Thyroid
- Scrotum
- Inguinal / Hernia
- Other: _____

Obstetrical

- Obstetrical Ultrasound
- LMP: _____

Nuchal Translucency (NT)

- Nuchal Translucency

Musculoskeletal Ultrasound

- Rotator Cuff R L
- Achilles R L
- Carpal Tunnel R L
- Plantar Fascia R L
- Bursa: _____
- Other Tendon: _____
- Mass: _____
- Other: _____

Breast

- Breast Ultrasound R L

Intervention

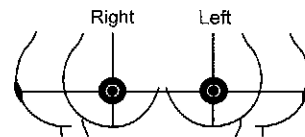
- By Dr. Gordon Brabant, M.D.C.M
 F.R.C.S.(C) American Board Certified Breast
 Specialist, General Surgeon
- FNAC
 - Core Biopsy
 - Ultrasound Targeted Biopsy (Done the same day)
 - Consult with Breast Surgeon (Done the same day)
 - Excision Cysts, Lipomas,
 Skin Cancers, etc. (Done the same day)

General Vascular Ultrasound

- Carotid Arteries
- Carotid Intima - Media Thickness
- Venous (DVT) R L
- Arm
- Leg

Specialized Vascular Ultrasound

- Arterial Legs + ABI
- Renal Artery Doppler



REFERRING PHYSICIAN: _____ SIGNATURE: _____

TEL: _____ FAX: _____ DATE: _____

COPIES TO: _____

APPOINTMENT DATE & TIME: _____ @ _____

24 HOURS CANCELLATION REQUIRED
 AFEE OF \$50 WILL BE CHARGED FOR THE MISSED APPOINTMENT