



Aworan OBGYN Ultrasound Centre

1219 11th Ave, SW
Calgary AB
T3C 0P3

Phone: 587 392 5885
Fax: 587 392 5886

Date of Request: _____ Appt. Date: _____ Time: _____

PATIENT INFORMATION:

Name: _____
Address: _____
Postal Code: _____

D.O.B (MM/DD/YY): ____/____/____
Health Card #: _____
Phone: (H) _____ (C) _____

OBSTETRICS

1st Trimester:

- ☐ Dating/Viability
- ☐ Nuchal Translucency 11-13wks

2nd Trimester:

- ☐ Anatomy 18-22 weeks
- ☐ Follow up Anatomy

3rd Trimester:

- ☐ Growth
- ☐ BPP
- ☐ Doppler
- ☐ Other – Specify

GYNECOLOGY

- ☐ Pelvic Ultrasound
- ☐ Follicle Tracking
- ☐ Saline Infusion Sonogram (SIS)
- ☐ Saline HSG
- ☐ Other – Specify

CLINICAL HISTORY:

LMP or EDC:

REFERRER INFORMATION:

Name / Stamp: _____
Signature: _____

Clinic: _____
CC: _____

PLEASE SEE REVERSE FOR GENERAL INFORMATION



Aworan OBGYN Ultrasound Centre

GENERAL INFORMATION:

- Please bring your health card and this requisition
- Please arrange to leave young children at home or have a support person to supervise children in the waiting room during your exam and until we can invite your family in.
- Arrive 15 minutes before your appointment, please call to cancel if you are unable to keep your appointment
- Other than the patient, we will allow one support person during the exam. All other family members/friends will be allowed in the room near the end of the exam

PREPARATION:

☐ PELVIC ULTRASOUND

1 litre of **water** must be finished 1 hour before your appointment.

Do not empty bladder before your test.

There are no restrictions on eating.

☐ EARLY OBSTETRICAL (less than 16 weeks pregnant)

Same as Pelvic.

☐ OBSTETRICAL (more than 16 weeks pregnant)

No preparation required.