

PATIENT/APPOINTMENT INFORMATION

Healthcare Card required for appointment

Name _____ M F

DOB _____ Insurance/WCB # _____

Phone _____

Address _____



APPOINTMENT

Date _____

Time _____

LOCATION

Drumheller

140 Riverside Drive E T0J 0Y4
(Inside Drumheller Associated Physicians Clinic)
P: 403-821-5048 F: 403-823-2049
MON-FRI 8:30-4:30 pm

CLINICAL HISTORY

Technologist Use Only

Date _____

Tech _____ # Images _____

Shield Y N LMP _____

Remarks _____

ULTRASOUND

See back for exam preparation/instructions

General

- Abdomen
- Renal
- Pelvis
- Scrotum
- Neck
- Thyroid
- Soft Tissue

Obstetrics

- (Early/NT/Detailed)
- 1st Trimester
- Nuchal Translucency
- Routine (>18 wk)
- 2nd Trimester OB
- 3rd Trimester OB
- Biophysical (BPP)

Cardiovascular

- Carotid
- DVT R L

Chest

- Axilla
- Chest Wall R L

Previous on PACS Y N

Location _____

PRACTITIONERS INFORMATION

Practitioners Name _____

Signature _____

Phone/Fax _____

Copy To _____

Stat Phone Report

P: _____

Stat Fax Report

F: _____

Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID

