

560-1145 Hunt Club Rd. Ottawa, ON, K1V 0Y3

Tel: (613) 738-2378 • Fax: (613) 738-9032 • eFax: (613) 738-2653

You can book your appointment online at: [www.soundcaremedical.com](http://www.soundcaremedical.com)

**PLEASE ARRIVE 15 MINUTES EARLY.**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Date of Birth: **DD MMM YYYY** \_\_\_\_\_

Daytime Tel.: \_\_\_\_\_

Cell No. \_\_\_\_\_

Date of exam: **DD MMM YYYY** \_\_\_\_\_

Appointment time: \_\_\_\_\_

**Preparation (please read carefully)**

- Drink 2 glasses of water 1 hr before – for Obstetrics, Gynecology and Pelvis
- Nothing to eat or drink 6 hrs prior to exam time – for Abdomen
- No preparation is required

**Please refrain from smoking, chewing gum and please do not wear perfume.**

**OBS/GYN**

- Dating  IPS
- Morphology
- Biophysical Profile
- 32 weeks growth
- Pelvis  Doppler
- Saline Infusion
- Tubal Patency
- Follicular activity
- Twins/growth
- Twins/cervix

**GENERAL**

- Abdomen  Doppler
- Breast  Thyroid
- Abdomen/pelvis
- Testicles/scrotum
- MSK  Surface
- Neck
- Prostate biopsy
- TRUS (prostate)

**VASCULAR**

- Carotid
- Upper extremities venous
- Lower extremities venous
- Upper extremities arterial
- Lower extremities arterial
- Aorta
- Ankle brachial index
- AAA

**CARDIAC**

- Echocardiography

**Please provide clinical information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO AVOID BEING RESCHEDULED, A VALID ONTARIO HEALTH CARD AND A DOCTOR'S REQUISITION MUST BE PRESENTED UPON REGISTRATION. OUT OF PROVINCE/COUNTRY PATIENTS MUST PAY FOR THEIR APPOINTMENT (EXACT CASH, VISA AND DEBIT ACCEPTED) AND APPROPRIATE RECEIPTS WILL BE PROVIDED.**

**PLEASE NOTE THAT YOU WILL BE SUBJECT TO A NO SHOW FEE OF \$50.00 IF YOU FAIL TO ARRIVE FOR OR CANCEL LESS THAN 48 HOURS BEFORE YOUR SCHEDULED APPOINTMENT.**

Referring physician's name (please print block letters): \_\_\_\_\_

Referring physician's signature: \_\_\_\_\_

Physician provider #: \_\_\_\_\_ Copy to: \_\_\_\_\_

***Thanking you for your referral.***