## 3D MAMMOGRAPHY ULTRASOUND X-RAY



Your Appointment is					
at		on			
	TIME	DAY / DATE			

www.saskradiology.ca

## THIS FORM MUST BE PRESENTED AT THE TIME OF EXAM

ALL EXAMS BY APPOINTMENT

## **SOUTH HILL MEDICAL CENTRE**

15 - 2685 2nd Avenue West Prince Albert, SK S6V 5E3 Phone: 306-763-8595 Fax (306) 763-7054 **OFFICE HOURS** MONDAY - FRIDAY

MONDAY - FRIDAY 8:30-11:55 AM 1:00-4:55 PM

PATIENT INFORMATION:					
NAME:					
ADDRESS : PHONE:					
			DAY / MONTH / YEAR		
WCB CC REPORT					
EXAM(S) REQUESTED:			PHYSICIAN ONLY:		
CLINICAL INFORMATION:			x = MOLE • = PALPABLE MASS TECH		
DOCTOR'S SIGNATURE	PRINT NAME	DATE	# IMAGES		
DOCTORS SIGNATURE F	PT SHIELDED				
	PATIENT INST	RUCTIONS:			
☐ ABDOMINAL (LIVER, GALLBLA	ADDER, PANCREAS, KIDNEYS, A	AND AORTA): <b>DO NOT</b> eat or di	rink, smoke, chew for 6 hrs before exam.		
☐ RENAL & URINARY BLADD	ER: DRINK 1 litre of water 1 hr prior	and <b>DO NOT</b> empty bladder before	re exam.		
☐ ABDOMINAL & PELVIC: DO I	NOT eat for 6 hrs before, FINISH drink	ing 1.5 litres of water 1 hr prior an	d <b>DO NOT</b> empty bladder prior to exam.		
☐ PELVIC (FEMALE): FINISH drin	nking 1.5 litres of water 1 hr prior and D	OO NOT empty bladder before exa	am.		
☐ PELVIC (MALE): FINISH drinking	1 litre of water 1 hr prior and <b>DO NO</b>	Fempty bladder before exam.			
☐ OBSTETRICAL: FIRST 3 MONT	HS follow pelvic instructions. AFTER 3	<b>MONTHS</b> drink 2 glasses of water	er 1/2 hr before exam.		
☐ MAMMOGRAPHY: <b>do not</b> we	ar underarm deoderant, talc, or lotions	 i.			