

US

Ultrasound (US) Requisition



- ☐ **ST. PAUL'S HOSPITAL**
1081 Burrard St., Vancouver, BC V6Z 1Y6
Phone: 604-806-8161 Fax: 604-806-8524
- ☐ **MOUNT SAINT JOSEPH HOSPITAL**
3080 Prince Edward Street,
Vancouver, BC V5T 3N4
Phone: 604-877-8323 Fax: 604-877-8132

MR MISS MRS MS		SURNAME Park		FIRST NAME Gasgson	
PERMANENT ADDRESS 1600 Point Road Gibsons					
POSTAL CODE VON ONO		CELL PHONE +1 604 261 2606		HOME PHONE	
DATE OF BIRTH (MONTH / DAY / YEAR) 1956-11-19		AGE 77		SEX Male	
HEALTH CARE # Value: 9686468102		MSP <input type="checkbox"/>		WCB <input type="checkbox"/>	ICBC <input type="checkbox"/>
				OTHER <input type="checkbox"/>	

Appointment Date: _____ Time: _____

Infection Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIFY: _____		Clinical Information patient is now 5 years after a total ankle replacement on the left side, he has severe swelling ongoing mainly around the lateral malleolus. We would like you to investigate the origin of his sweating, where there is a joint effusion, or a ganglion cyst, or it has a different origin.	
Exam Requested <input type="checkbox"/> ABDOMEN <input type="checkbox"/> ASPIRATION/BIOPSY <input type="checkbox"/> CAROTID <input type="checkbox"/> CHEST <input type="checkbox"/> EXTREMITY <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OBSTETRICAL <input type="checkbox"/> PELVIC/BLADDER <input type="checkbox"/> PROSTATE <input type="checkbox"/> RENAL <input type="checkbox"/> SCROTAL <input type="checkbox"/> THYROID/PARATHYROID <input type="checkbox"/> VASCULAR SPECIFY: _____		<div>DR. M. WOOD -09-23-2022 CPS10:44670</div> <div>Dr. Loek Loozen</div>	
Exam Requested (MSJH Only) <input type="checkbox"/> BREAST <input type="checkbox"/> ECHOCARDIOGRAM			
Relevant Previous Exams? <input type="checkbox"/> X-Ray <input type="checkbox"/> CT <input type="checkbox"/> U/S DATE: _____ LOCATION: _____		Please Print NAME Dr. Loek Loozen 778-945-6775 ADDITIONAL COPY OF REPORT TO: Dr. Paul Edward Murphy (Billing: 63947, License: N/A)	
Technical Impression		Sep 22, 2022 Loek Loozen Prac. No. _____ SIGNATURE _____ ICIAN	
		TECH RAD	