REQUEST FOR ULTRASOUND CONSULTATION

	45000	
2163	tier	ŀί

FORFFORD, Fatherilat Elather

405-2884 0th Ave W Vancouver, BC, CAN

V6K 8A8

date of birth: 19-Feb-1915 home phone: (604) 322-3266

age: 77

sex : Female

work phono:

other phone : height: 199 cm

PHN: 9875 874 878

weight 99 kg

practitioner

Dr. Malgorzata M, Sudol

Physical Medicine and Rehabilitation

MSP: 63688

1211 8th Ave W

Vancouver, BC, V6H-1C7 P: 604-734-2553

F: 604-734-7148

copy to physician: Jansen, Kara Ann [28089] copy to physician: Ip, Janet Lynn [28028]

additional copy to:

requisition date: 23-Sep-2022

appointment date:

EXAM REQUESTED :						
abdomen	carotid c	luplex	prostate		opthalmic	
obstetrical	vascular	duplox/dvt	☐ scrotal		extremity	
pelvis	thyroid/p	parathyroid	☐ breast		chest	
renal	Dbladder		kidney		prostate biopsy	
kidney and bladder (post-void-residual)			renal and bladder (post-void residual)			
Upper abdomen (RUQ, LUQ)			Pelvic (RLQ, LLQ,BLADDER)			
Combination pelvic and	d upper abdomen		Other:	Q1	+ MC	
RELEVANT HISTORY / REASO				• •		
67yo female back and left groin pai - assess for adductor tendinopathy/	•		ion n along adduc		S.ALAWAD	
				(6- 10 2022	
				CP	SID:553:8	
PHONE REQUEST :	YES NO	PATIENT PREGI LMP (dd/MM/yyy EDD (dd/MM/yyy	/y):	YES NO	P>	
Medol						
0	M.D.	Dr. Malgorzata M. Su	dol		63688	
SIGNATURE OF AUTHORIZING PRACTITIONER		PLEASE PRINT NAME		-	PRAC, NO.	

PHONE NUMBER: 604-734-2553

^{**} Please bring your CareCard, WCB and/or ICBC information **