Ultrasound (US) Requisition



ST. PAUL'S HOSPITAL 1081 Burrard St., Vancouver, BC V6Z 1Y6 Phone: 604-806-8161 Fax: 604-806-8524

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| MR MISS MRS MS | surname Tholo | | FIRST NAME TO hol | | | | |
|---|------------------|-------------------------------|----------------------|-----------|------|------------|--|
| PERMANENT | ADDRESS | | | | | | |
| POSTAL CO | DE | CELL PHONE +1 604 386 7845 | | ME PHONE | | WORK PHONE | |
| DATE OF BIRTH (MONTH/DAY/YEAR) 1988-01-20 | | | | AGE 99 | | Male | |
| HEALTH CA MSP: 9 | | 2758 | MSP | MC8 | ІСВС | OTHER | |

| Appointment Date: | Time: | | | | | | |
|--|--|----------------|--------------|--|--|--|--|
| Infection Concerns ☐ Yes ☐ No SPECIFY: | Attention Dr. Creswell: Diagnostic ultrasound of the right Achilles tendon. Assess for Achilles tendinopathy. 49-year-old, athletic male. Clinically developed symptoms of Achilles tendinopathy secondary to basketball participation. Compliant with rehabilitation. Recovery is slow. | | | | | | |
| Exam Requested ABDOMEN ASPIRATION/BIOPSY CAROTID CHEST EXTREMITY MISCELLANEOUS OBSTETRICAL PELVIC/BLADDER PROSTATE RENAL SCROTAL THYROID/PARATHYROID VASCULAR SPECIFY: | | | | | | | |
| Exam Requested (MSJH Only) BREAST | DATE SIGNATURE OF AUTHORIZING PHYSICIAN (2) | | | | | | |
| Relevant Previous Exams? | 2022-09-22 Please Print NAME Dr. Steven He | Sep 22, 2022 S | Steven Helpe | | | | |
| ☐ X-Ray ☐ CT ☐ U/S DATE: LOCATION: | ADDITIONAL COPY OF REPORT TO: Shelaina anderson | | | | | | |
| Technical Impression | | | | ang an | | | |
| | | | TECH | RAD | | | |