

**Bring this requisition to your appointment** at the following location:

**SMI / WOMENS IMAGING CENTRE**

*(X-Ray, Ultrasound & Mammography)*

3-3110 8th Street E.,  
Saskatoon, SK S7H 0W2

Tel: 477.1000 Fax: 477.1071  
Mon-Fri: 7:30AM - 5:00PM

**UNIVERSITY HEIGHTS**

*(X-Ray Only)*

110A-1804 McOrmand Dr.,  
Saskatoon, SK S7S 0A6

Tel: 956.3206 Fax: 956.3126  
Mon-Fri: 9:00AM - 9:00PM  
Sat-Sun: 10:00AM - 4:00PM

**SPADINA**

*(X-Ray & Ultrasound)*

10-750 Spadina Cres. E.,  
Saskatoon, SK S7K 3H3

Tel: 477.1000 Fax: 343.3648  
Mon-Fri: 8:00AM - 4:30PM

**LAKWOOD**

*(X-Ray Only)*

117 Slimmon Rd.,  
Saskatoon, SK S7V 0B8

Tel: 382.5990 Fax: 382.5909  
Mon-Fri: 8:00AM - 4:30PM

**STONEBRIDGE**

*(X-Ray Only)*

40-3211 Preston Ave. S.,  
Saskatoon, SK S7T 1C9

Tel: 244.4690 Fax: 244.4691  
Mon-Fri: 8:00AM - 4:30PM

**Exam Requested:** \_\_\_\_\_

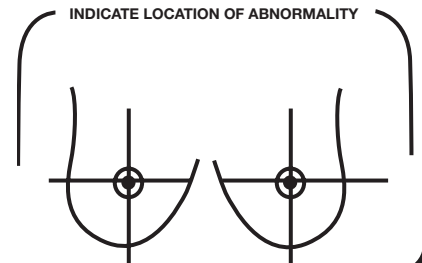
- PELVIC OR BLADDER:** 1 1/2 hours before your appointment, empty bladder and drink four 8 oz. glasses of water immediately. Do not empty bladder until your exam is completed.
- ABDOMINAL:** Do not take anything to eat or drink for 8-10 hours prior to examination (except medications with a small amount of water).
- ABDOMINAL PLUS PELVIC:** Fast for 8-10 hours but drink water as per the pelvic ultrasound instructions. Do not empty bladder again until your exam is completed.
- THYROID, BREAST, SCROTAL, and SOFT TISSUE:** No preparation required.
- PREGNANCY:**
  - Early (up to 10 weeks): 1 1/2 hours before your appointment, empty bladder and drink four 8 oz. glasses of water. Do not empty bladder again until your exam is completed.
  - Mid (10-20 weeks): 1 hour before examination, empty bladder and drink three 8 oz. glasses of water. Do not empty bladder again until your exam is completed.
  - Late (after 20 weeks): 1 hour before examination, empty bladder and drink one 8 oz. glass of water. Do not empty bladder again until your exam is completed.
- RENAL:** 1 hour before your appointment, empty bladder and drink two 8 oz. glasses of water.

**Clinical:**

Doctor Signature: \_\_\_\_\_

Doctor Name (please print): \_\_\_\_\_ CC: \_\_\_\_\_

Please complete if urgent notification is required:  Fax Report: \_\_\_\_\_  Phone Report: \_\_\_\_\_



**Patient Information:**

Appointment Date/Time: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_ SHSP: \_\_\_\_\_

\_\_\_\_\_  Male  Female Pregnant?:  Yes  No

Home Phone: \_\_\_\_\_ LMP: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

**Appointment Policy:**

There are always patients waiting for appointments. If you need to cancel your appointment, please call as soon as possible so we can use the time for another patient.