



☐ **SMI MAIN**
(BEDFORD SQUARE)

(X-Ray, Ultrasound & Mammography)

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

Tel: 306.477.1000 Fax: 306.477.1071
Mon-Fri: 7:30AM - 4:20PM

☐ **SPADINA**

(X-Ray & Ultrasound)

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

Tel: 306.343.3646 Fax: 306.343.3648
Mon-Fri: 8:00AM - 4:20PM

☐ **SMI WEST**

(X-Ray & Ultrasound)

120-210 Ave. P South
Saskatoon, SK S7M 2W2

Tel: 306.668.2110 Fax: 306.668.2112
Mon-Fri: 8:00AM - 4:20PM

☐ **SMI SUTHERLAND**

(X-Ray & Ultrasound)

120-215 Joseph Okemasis Dr.
Saskatoon, SK S7N 3A8

Tel: 306.477.3700 Fax: 306.373.6647
Mon-Fri: 8:00AM - 4:20PM

☐ **UNIVERSITY
HEIGHTS** (X-Ray Only)

Extended Hours

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

Tel: 306.956.3206 Fax: 306.956.3126
Mon-Fri: 9:00AM - 9:00PM
Sat-Sun: 10:00AM - 4:00PM

☐ **STONEBRIDGE**

(X-Ray Only)

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

Tel: 306.244.4690 Fax: 306.373.6647
Mon-Fri: 8:00AM - 4:20PM

☐ **SMI QUEEN STREET**

(X-Ray Only)

102-514 Queen Street
Saskatoon, SK S7K 0M5

Tel: 306.382.5990 Fax: 306.382.5909
Mon-Fri: 8:00AM - 4:20PM

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD TO YOUR VISIT

EXAM(S) REQUESTED:

Clinical:

Doctor Signature: _____

Doctor Name (please print): _____

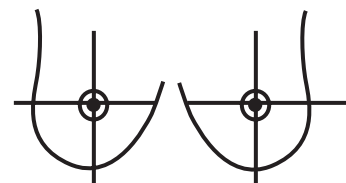
CC: _____

☐ Fax: _____

☐ Phone: _____

☐ Urgent Notification: _____

INDICATE LOCATION OF ABNORMALITY



Patient Information:

Appointment Date/Time: _____

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

D.O.B. (dd/mm/yy): _____ SHSP: _____

☐ Male ☐ Female Pregnant?: ☐ Yes ☐ No LMP: _____

Preparation Instructions:

PELVIC, BLADDER, RENAL (female or male): Finish drinking four 8 oz. glasses of water 1 hour prior to your appointment. Do not empty bladder until your exam is completed.

ABDOMINAL: Do not have anything to eat or drink for 8-10 hours prior to examination (except medications with a small amount of water).

ABDOMINAL & PELVIC: Fast for 8-10 hours. Finish four 8 oz. glasses of water 1 hour prior to exam. Don't empty until your exam is completed.

PREGNANCY ULTRASOUND:

- Early (up to 13 weeks): Follow pelvic instructions.
- Mid (14-20 weeks): Finish three 8 oz. glasses of water 1 hour prior to exam.
- Late (after 20 weeks): Finish one 8 oz. glass of water 1 hour prior to exam.

THYROID, BREAST, SCROTAL, SHOULDER or SOFT TISSUE ULTRASOUND: No preparation required.

AMMOMOGRAPHY: Avoiding caffeine 3-4 days prior to your examination may significantly decrease discomfort during the test. Do not use deodorant, talcum powder or glitter-containing products on the day of examination.