



**Centre of Excellence in Obstetrical
Ultrasound (CEOU) Requisition**

700 University Avenue, 3rd Floor, OPG Building
Toronto, Ontario, Canada M5G 1X6 D 589 (Rev. 03.2022) Page 1 of 1

Telephone 416-586-8556 Fax 416-586-8405

PATIENT LABEL

The following exams not performed at CEOU must be faxed to 416-586-3216

MFM Consult TOP

Patient Demographics

Patient name _____
Last First

Date of birth _____ Health Card Number _____ VC _____
(YYYY MM DD)

Daytime telephone number (_____) Evening telephone number (_____)

Address _____

PATIENT CONSENT TO RECEIVE EMAIL COMMUNICATION: YES NO

If yes, email address: _____ (clearly print)

Patient signature: _____

Appointment Information • Please advise patients to arrive 15 minutes early.

• Patients arriving late may be re-scheduled.

Preferred appointment information M T W T F A.M. P.M.

Appointment date _____ Time _____
(YYYY MM DD) (HH:MM)

Exam requested: One CEOU Requisition is required for each test

NT Scan EFTS (Enhanced First Term Screen) • Blood requisition **MUST** be faxed with the NT requisition
(11⁺⁴ - 13⁺⁶ weeks) NIPT (Non Invasive Prenatal Testing)

Dating/Viability
 Complicated Anatomy (e.g., suspected anomaly/early anatomy etc)

Routine/Level II Anatomy (19-20 weeks)

Placental Study (22-24 weeks)

BPP

Transvaginal for Cervical length Placental location Scar thickness Other: _____

Other (specify) _____

LMP _____ **OR** Established EDC _____
(YYYY MM DD) (YYYY MM DD)

Multiple Gestation? Yes No Unknown – If YES, specify number _____

External scan performed? Yes No – If YES, date of scan _____ GA at time of scan _____
(YYYY MM DD)

Relevant Medical History • Please include copies of external ultrasound and prenatal screening reports.

Referring Healthcare Provider High Risk Low Risk

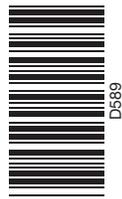
Print Name Signature

Telephone # (_____) Fax # (_____) Billing # _____

Date (of request) _____ CPSO # _____
(YYYY MM DD)

Full mailing address _____ Additional copy to _____
(YYYY MM DD)

• Doctor's offices are responsible for notifying the patient of their appointment time and date.



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