

St Catharines Next Day Ultrasound ED Appointments

Appointments' Date: _____

Hr	Patient Sticker	Test	Notes to U/S (e.g. cell phone)
09:45 am	<i>Book Abdo/Pelvis Ultrasounds Early in the day</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
10:15 am	<i>Book Abdo/Pelvis Ultrasounds Early in the day</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
10:45 am		MD: _____	[] <i>Prep Sheet was provided to the patient</i>
11:15 am		MD: _____	[] <i>Prep Sheet was provided to the patient</i>
13:15 pm		MD: _____	[] <i>Prep Sheet was provided to the patient</i>
13:45 pm	<i>Book DVT/Soft Tissue Ultrasounds Later in the Day</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
14:15 pm	<i>Book DVT/Soft Tissue Ultrasounds Later in the Day</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
12:30 am	<i>This is an OVERFLOW appointment time. Use only after all above appointments are full.</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
14:45pm	<i>This is an OVERFLOW appointment time. Use only after all above appointments are full.</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>
15:15 pm	<i>This is an OVERFLOW appointment time. Use only after all above appointments are full.</i>	MD: _____	[] <i>Prep Sheet was provided to the patient</i>