

Patient & Appointment Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Other Phone _____

DOB DD/MM/YY Male Female Weight _____ [lbs / kg]

AHC# _____ WCB#/Accident Date _____ DD/MM/YY _____

Appt. Date	Time	CDC Site
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General Ultrasound

- Routine Abdomen
- Abdominal Assessment (Abd U/S + UGI)
- Abdominal Wall/Hernia
- Abdomen + Pelvis
- Routine Female Pelvis (gyne + urinary tract)
- Routine Male Pelvis (includes kidneys)
- Kidneys, Ureters, Bladder only
- Inguinal Hernia R L
- Scrotum/Testes
- Thyroid Gland
- Neck (salivary glands/lymph nodes)
- Other

Vascular Ultrasound

- Carotid Doppler
- Venous Doppler (Arm) R L
- Venous Doppler (Leg) R L
- Leg Arterial Doppler with ABI
- Renal Artery Stenosis Study (hypertension)

MSK Ultrasound

(Includes X-ray of area if needed)

- Shoulder R L
- Shoulder Assessment (Arthrogram + U/S) R L
- Elbow R L
- Hand/Wrist R L
- Hip R L
- Knee R L
- Foot/Ankle R L
- Mass/Cyst/Other Specify Area _____

Pain Management

(Includes X-ray of area if needed)

- Pain Management Injection R L
- Specify Area or use Pain Management Req _____

Obstetrical Ultrasound

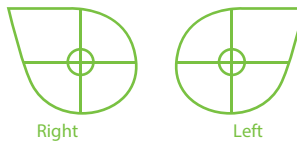
- Obstetrical Series (early, nuchal, and detailed)
- Early Obstetric (dating/viability)
- Nuchal Translucency (11w0d to 13w6d)
- Detailed Anatomy 4D (~18-20 weeks)
- BPP/Biophysical Profile (28+ weeks)
- Other Specify Indication _____

X-ray (Walk In)

- X-ray (No X-ray at Calgary Women's Imaging Centre)
- Specify Indication _____

Breast Investigation

- Screening Mammography
- Screening Ultrasound (if indicated) R L
- Diagnostic Mammography R L
- (Pain, lump, other problem | incl. U/S as needed)
- Breast & Axilla Ultrasound R L
- Breast Biopsy (U/S Guided) R L
- Breast Fine Needle Aspiration R L
- Other Specify Area _____



Bone Mineral Densitometry

- Bone Mineral Densitometry
- Vertebral Fracture Assessment performed where indicated and available

GI Studies

- UGI (esophagus, stomach, duodenum)
- Small Bowel Follow Through
- CT Virtual Colonoscopy (replaces barium enema)
private service / patient-pay exam

Physician

Referring Physician _____

Clinic _____

Phone _____

Fax _____

Copy to Dr. _____

Fax Copy to Dr. _____

PRAC ID _____ Signature _____

STAT Report Options

- STAT Fax Report
- STAT Verbal Report # _____ Specific Number _____
- Send copy of X-ray with the patient

Clinical History

LMP or EDC _____

Private Services

(Not covered by Alberta Health Care)

MRI

- MRI Specify Indication _____

Contraindications for MRI Y N

If Yes: Please Specify _____

CT | Diagnostic Scan

- CT Specify Indication _____
- Contrast Enhanced Y N

CT | Health Assessment Scan

- Heart (Coronary Artery Score)
- Virtual Colonoscopy (Colon Cancer Screening)
- Lung Cancer Screening

PLEASE BRING THIS REQUISITION FORM & HEALTH CARE CARD TO YOUR EXAM

- Arrive 15 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from wearing scented products
- Please bring an adult to supervise children under the age of 12



Locations

To book an appointment, please call **403.212.5855** toll free **1.877.420.4CDC (4232)** or fax this form to **403.253.4669**

Sunridge

3-2675 36 St NE
Phone: 403.291.3315
Fax: 403.291.9308

Walk in X-ray
Ultrasound
Mammography
Bone Mineral Densitometry

Brentwood

830-3630 Brentwood Rd NW
Phone: 403.338.4000
Fax: 403.210.0075

Pain Management
Walk in X-ray
Ultrasound
GI Studies

Glenmore Landing

D270-1600 90 Ave SW
Phone: 403.252.5882
Fax: 403.640.2948

Walk in X-ray
Ultrasound
Mammography

Pacific Place

959-999 36 St NE
Phone: 403.215.2900
Fax: 403.215.2920

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

Calgary Women's Imaging Centre CALGARY Women's Imaging CENTRE

20 Richard Way SW
Phone: 403.685.3123
Fax: 403.685.3235

Women's Imaging
Ultrasound
Mammography
Bone Mineral Densitometry

Westhills

200A Stewart Green SW
Phone: 403.685.6175
Fax: 403.685.6199

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

NEW

Marlborough

411 Marlborough Way NE
Phone: 403.273.9002
Fax: 403.569.8097

KIDS Imaging
Walk in X-ray
Ultrasound
GI Studies
GU Studies



Chinook

1-6020 1A St SW
Phone: 403.253.4666
Fax: 403.301.2073

Private MRI/CT
Pain Management
Walk in X-ray
Ultrasound
GI Studies

Okotoks

141-31 Southridge Dr
Phone: 403.995.2727
Fax: 403.995.2737

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

Symons Valley

32-12192 Symons Valley Rd NW
(Creekside Shopping Centre)
Phone: 403.212.5640
Fax: 403.212.5642

Pain Management
Walk in X-ray
Ultrasound
GI Studies
Mammography
Bone Mineral Densitometry

Exam Preparation

ULTRASOUND

BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS

The exam requires a full bladder. Please drink and finish 1 liter (32 oz) of water one hour prior to appointment time. DO NOT empty bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. You may eat your regular meals and/or snack prior to the exam.

BIOPHYSICAL PROFILE OR PREGNANCY 28 WEEKS AND OVER

This exam requires a partially full bladder. Drink and finish 500ml (16 oz) of water 45 minutes prior to appointment time. DO NOT empty bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. Eat regular meals and/or have a snack 30 minutes prior to appointment time.

ABDOMEN

DO NOT eat, drink or consume anything by mouth 8 hours prior to examination. NO water, other liquids, chewing gum, lozenges or food 8 hours before exam. No smoking 4 hours prior to exam.

ABDOMEN AND PELVIS

Drink and finish a minimum of 1 liter (32 oz) of water one hour prior to appointment time. You must have a full bladder for this exam. DO NOT eat, drink or consume anything else by mouth (other than water) for 8 hours prior to examination: no other liquids, chewing gum, lozenges or food 8 hours before exam. No smoking 4 hours prior to exam.

MAMMOGRAPHY

This exam requires that you DO NOT wear deodorant or body powder the day of the exam. If you have premenstrual tenderness in your breasts, it is advisable to schedule your appointment after it has subsided. Also AVOID caffeine intake beginning two days prior to your exam.

BONE MINERAL DENSITOMETRY

Please DO NOT take any MULTIVITAMINS, CALCIUM, or IRON BEFORE your exam. You may take them AFTER your exam.

PAIN MANAGEMENT INJECTIONS

It is not recommended that you operate a motor vehicle after your procedure. Please arrange for a driver or other transportation. For nerve root block or epidural injections, patients MUST have a driver present or other transportation. For spine injections, please avoid chewing gum or carbonated drinks the day of the exam.

KIDS IMAGING

Please use KIDS Imaging requisition form. For detailed instructions, please visit CanadaDiagnostics.ca.

FLUOROSCOPY

UPPER GI or SMALL BOWEL FOLLOW THROUGH or ABDOMINAL ASSESSMENT

This exam requires that you DO NOT eat, drink, or consume anything by mouth 8 hours prior to examination (ie. No water or liquids, chewing gum, throat lozenges or food 8 hours before exam. No smoking 4 hours prior to exam). If you are diabetic please consult your doctor.

WALK IN X-RAY

X-ray exams may not be possible if there is a chance of pregnancy and may need to be deferred to a later date in these cases. It is recommended that you dress comfortably. Please avoid clothing that has zippers, snaps, buttons and/or beading near the area to be scanned.

MRI

ABDOMINAL or PELVIC MRI

24 hours prior to your exam have a diet consisting of only clear fluids (such as soup broth and clear juices). No solid food. After midnight the day of your exam you may only have small sips of water. Take a light laxative the night before your exam. You may take your medications. Please DO NOT chew gum, consume coffee or carbonated drinks (pop). If you are diabetic, please consult your doctor.

CT

All EXAMS

Detailed separate instruction sheets available. Please call 403.212.5847 or visit CanadaDiagnostics.ca