

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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Mira	103-11910 111 Ave NW	Edmonton, AB	Phone: 780.452.9711	Fax: 780.452.3451
North Town	134-9450 137 Ave NW	Edmonton, AB	Phone: 780.478.7221	Fax: 780.475.1860
Sherwood Park	114-80 Chippewa Rd	Sherwood Park, AB	Phone: 780.467.2773	Fax: 780.467.2982
Westgate	172-17010 90 Ave NW	Edmonton, AB	Phone: 780.484.1672	Fax: 780.484.2982
Breast Centre 109 St	7121 109 St NW	Edmonton, AB	Phone: 780.434.9147	Fax: 780.436.7650
Breast Centre Callingwood	329-6650 177 St NW	Edmonton, AB	Phone: 780.444.0472	Fax: 780.481.8321

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

MSK Ultrasound

(Includes X-ray of area if needed)

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

Bone Mineral Densitometry

- Bone Mineral Densitometry

(VFA done when indicated by 2010 Osteoporosis Canada Guidelines)

Obstetrical Ultrasound

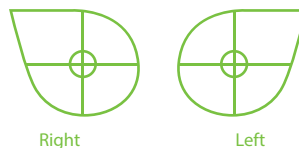
- Obstetrical Series (early, nuchal, and detailed)
- Early Obstetric (dating/viability)
- Nuchal Translucency (11w2d to 13w5d)
- Detailed Anatomy 4D (~18-20 weeks)
- BPP/Biophysical Profile (28+ weeks)
- Other Specify Indication

Vascular Ultrasound

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

Breast Investigation

- Screening Mammography
- Screening Ultrasound (if indicated)
- 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



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

Reports & images available at CanadaDiagnostics.ca/Practitioner

GI Studies

- UGI (esophagus, stomach, duodenum)
- Small Bowel Follow Through

Pain Management

(Includes X-ray of area if needed)

- Pain Management Injection R L

Specify Injection Area or use Pain Management Req

X-ray (Walk In)

- X-ray

Specify Indication

Clinical History

LMP or EDC _____

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 **780.341.6000** toll free **1.877.420.4CDC (4232)**
fax this form to **1.877.919.3291**, email this form to **appointments@CanadaDiagnostics.ca**,
or request an appointment at **CanadaDiagnostics.ca**

Mira

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Ultrasound
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Sherwood Park

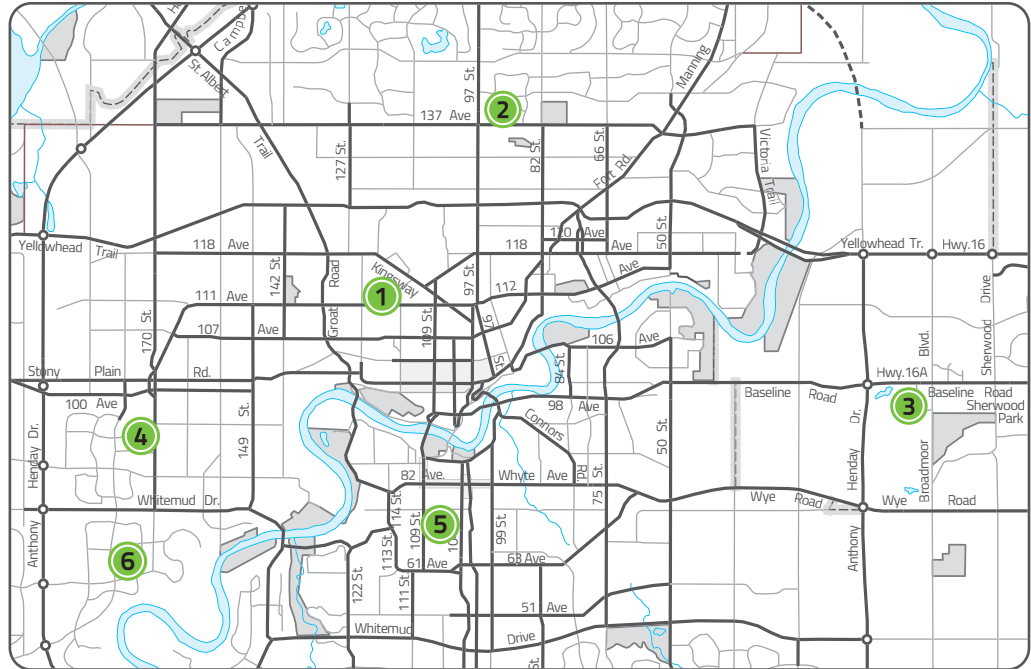
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Breast Centre Radiology - 109 St

7121 109 St NW
Phone: 780.434.9147
Fax: 780.436.7650

Women's Imaging
Ultrasound (Breast)
Mammography
Bone Mineral Densitometry

Breast Centre Radiology - Callingwood

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Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

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.

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 spine injections of any type, please avoid chewing gum or carbonated drinks the day of the exam.

MAMMOGRAPHY

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.

FLUOROSCOPY

UPPER GI or SMALL BOWEL FOLLOW THROUGH or ABDOMINAL ASSESSMENT

This exam may not be possible if there is a chance of pregnancy and may need to be deferred to a later date. 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

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