

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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Westgate	172-1701090 Ave NW Edmonton, AB	Tel: 780.484.1672	Fax: 780.484.2982
MIRA	103-11910 111 Ave NW Edmonton, AB	Tel: 780.452.9711	Fax: 780.452.3451
North Town	134-9450 137 Ave NW Edmonton, AB	Tel: 780.478.7221	Fax: 780.475.1860
Strathcona	B1-8225 105 Street NW Edmonton, AB	Tel: 780.435.8282	Fax: 780.430.8590
Sherwood Park	114 80 Chippewa Rd Sherwood Park, AB	Tel: 780.467.2773	Fax: 780.467.2982

Physician

Referring Physician _____

Phone _____

Fax _____

Copy to Dr. _____

Fax Copy to Dr. _____

STAT Report Options

STAT Fax Report

STAT Verbal Report # _____ Specific Number _____

Send copy of X-ray with the patient

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/Wrist R L

Hip R L

Knee R L

Foot/Ankle R L

Mass/Cyst/Other Specify Area _____

Bone Mineral Densitometry

Bone Mineral Densitometry

+ Vertebral Fracture Assessment (VFA)

(VFA done when indicated by 2010 Osteoporosis Canada Guidelines)

Obstetrical Ultrasound

Obstetrical Series (early, nuchal, and detailed)

Early Obstetric (dating/viability)

Nuchal Translucency (11w0d to 13w6d)

Routine Detailed Anatomy (~18-20 weeks)

BPP/Biophysical Profile (30+ weeks)

Other Specify Indication _____

Vascular Ultrasound

Carotid Doppler

Venous Doppler R L

Leg Arterial Doppler with ABI R L

Renal Artery Stenosis Study (hypertension)

Breast Investigation

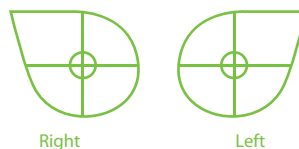
Screening Mammography

Diagnostic Mammography (includes U/S as needed)

Breast + Axilla Ultrasound R L

Breast Biopsy (U/S Guided) R L

Other Specify Area _____



GI Studies

UGI (esophagus, stomach, duodenum)

Small Bowel Follow Through

Double Contrast Colon (barium enema)

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 ensure that you bring this requisition form to your exam

- Please arrive 15 minutes prior to your exam unless notified otherwise
- Remember to bring your Alberta Health Care Card
- Please bring an adult to supervise children under the age of 12



Patient & Appointment Information

Questions ? Multiple Exams? Please contact us for more information

ULTRASOUND

- **BLADDER, PELVIS OR PREGNANCY UNDER 30 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 30 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 enough, 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.

FLUOROSCOPY

UPPER GI or SMALL BOWEL FOLLOW THROUGH

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.

• BARIUM ENEMA

For 2 days prior to the exam, **DO NOT** consume any food. Please only have water, clear juice (apple, grape, pear, or cranberry), pop, Jell-o and black tea or coffee (no cream). At 5pm on the day prior to the exam, drink 300ml of **MAGNESIUM CITRATE**. At 7pm on the day prior to the exam, take two 5mg tablets of **DULCOLAX**. On the morning of the exam, insert a 10mg **DULCOLAX SUPPOSITORY** and wait 10 minutes before evacuating. Only consume water or clear juice in the morning of the exam. The necessary drugs can be obtained from your pharmacy. Take all of your regular medications.

• ABDOMINAL ASSESSMENT

Please follow preparations for the **UPPER GI or SMALL BOWEL FOLLOW THROUGH** listed above.

PAIN MANAGEMENT INJECTIONS

It is not recommended operating a motor vehicle after the 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.

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.

Locations

Edmonton

Westgate

Tel: 780.484.1672
Fax: 780.484.2982
Booking: 1.877.420.4232
172-17010 90 Ave NW
Edmonton AB T5T 1L6

Bone Density, Fluoroscopy,
Mammography, Ultrasound,
X-ray, Pain Management

NEW MIRA

Tel: 780.452.9711
Fax: 780.452.3451
103-11910 111 Ave NW
Edmonton AB T5G 0E5

Bone Density, Fluoroscopy,
Mammography, Ultrasound,
X-ray

NEW North Town

Tel: 780.478.7221
Fax: 780.475.1860
134-9450 137 Ave NW
Edmonton AB T5E 6C2

Bone Density, Fluoroscopy,
Mammography, Ultrasound,
X-ray, Pain Management

NEW Strathcona

Tel: 780.435.8282
Fax: 780.430.8590
B1-8225 105 Street NW
Edmonton AB T6E 4H2

Bone Density, X-ray

NEW Sherwood Park

Tel: 780.467.2773
Fax: 780.467.2982
114 80 Chippewa Rd
Sherwood Park AB T8A 4W6

Bone Density, Fluoroscopy,
Mammography, Ultrasound,
X-ray



CanadaDiagnostcs.ca

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