

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

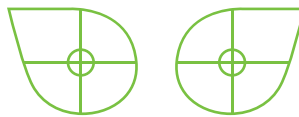
- Obstetrical Series (early, nuchal, and detailed)
- Early Obstetric (dating/viability)
- Nuchal Translucency (11w0d to 13w6d)
- Routine Detailed Anatomy (~18-20 weeks)
- BPP/Biophysical Profile (30+ weeks)
- Other Specify Indication

X-ray (Walk In)

- X-ray (No X-ray at Chinook/Women's Imaging location)
- Specify Indication _____

Breast Investigation

- Screening Mammography
- Diagnostic Mammography (includes U/S as needed)
- Breast + Axilla Ultrasound R L
- Breast Biopsy (U/S Guided) R L



Right

Left

Bone Mineral Densitometry

- Bone Mineral Densitometry
 - + Vertebral Fracture Assessment (VFA)
- (VFA done when indicated by 2010 Osteoporosis Canada Guidelines)

GI Studies

- UGI (esophagus, stomach, duodenum)
- Small Bowel Follow Through
- Double Contrast Colon (barium enema)

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

Clinical History

LMP or EDC _____

Private Services

(Not covered by Alberta Health Care)

MRI

- MRI Specify Indication
- Open MRI
- 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 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, 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 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 nerve root block or epidural injections, patients **MUST** have a driver present 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.

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

- **HEART SCAN**
This exam requires that you **DO NOT** eat or drink any product containing caffeine on the day of examination. (ie. coffee, pop, chocolate, etc).
- **VIRTUAL COLONOSCOPY**
Detailed separate instruction sheets available upon request. Please call 403.212.5847
- **INTRAVENOUS CONTRAST ENHANCEMENT**
Diabetics must consult with their referring doctor, as serious reactions can occur in patients taking Metformin/GlucoPhage.

Locations

Calgary NW

Brentwood
Tel: 403.338.4000
Toll-Free: 1.877.420.4232
Fax: 403.253.4669
830-3630 Brentwood Road NW
Calgary AB T2L 1K8

Calgary NE

Pacific Place
Tel: 403.215.2900
Toll-Free: 1.877.420.4232
Fax: 403.253.4669
959-999 36 Street NE
Calgary AB T2A 7X6

Sunridge

NEW
Tel: 403.291.3315
Fax: 403.291.2318
3-2675 36 Street NE
Calgary AB T1Y 6H6

Marlborough

NEW
Tel: 403.273.9002
Fax: 403.291.2318
411 Marlborough Way NE
Calgary AB T2A 7E7

Calgary SW

Chinook
Tel: 403.253.4666
Toll-Free: 1.877.420.4232
Fax: 403.253.4669
1-6020 1A Street SW
Calgary AB T2H 0G3

Westhills

Tel: 403.685.6175
Toll-Free: 1.877.420.4232
Fax: 403.253.4669
200A Stewart Green SW
Calgary AB T3H 3C8

Glenmore Landing

NEW
Tel: 403.252.5882
Fax: 403.291.2318
D270-1600 90 Ave SW
Calgary AB T2V 5A8

Calgary Women's Imaging

NEW
Tel: 403.685.3123
Fax: 403.685.3235
20 Richard Way SW
Calgary AB T3E 7M9

Okotoks

Tel: 403.995.2727
Toll-Free: 1.877.420.4232
Fax: 403.253.4669
141-31 Southridge Drive
Okotoks AB T1S 2N3

Private Services

MRI, Open MRI & CT

Tel: 403.212.5847
Toll-Free: 1.877.420.4232
Fax: 403.253.4669