

## Patient & Appointment Information

Date of Requisition:

Name

Address

City  Province  Postal Code

Home Phone  Other Phone

DOB   Male  Female Weight

AHC#  WCB#/Accident Date

Appt. Date	Time	CDC Site
<input type="text"/>	<input type="text"/>	<input type="text"/>

## General Ultrasound

- Routine Abdomen  HCC screening
- Liver Elastography  NAFLD r/o fibrosis
- Abdominal U/S + UGI
- Abdominal Wall (pain/lump/other)
- Abdomen + Pelvis
- Routine Female Pelvis (Gyne + Urinary Tract)
- Routine Male Pelvis (Includes Kidneys)
- Kidneys, Ureters, Bladder only
- Scrotum/Testes (Bilateral)
- Groin (pain/lump/other) R  L
- Thyroid Gland  Thyroid FNA\*
- Neck (Salivary Glands/Lymph Nodes/Mass)
- Other

\* Must meet guideline criteria

## Vascular Ultrasound

- Leg Arterial Doppler with ABI (Bilateral)
- Leg Venous Doppler/DVT R  L
- Arm Arterial Doppler (Bilateral)
- Arm Venous Doppler/DVT R  L
- Thoracic Outlet Syndrome
- Renal Artery Stenosis Study (Hypertension)
- Echocardiogram
- Carotid Doppler

## MSK Ultrasound

(Includes X-ray of area if needed)

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

## Obstetrical Ultrasound

- Obstetrical Series (Early, Nuchal and Detailed)
- Early Obstetric (dating/viability) (<12 weeks)
- Nuchal Translucency (11w0d to 13w6d)
- Detailed Anatomy (~18-20 weeks)
- BPP/Biophysical Profile (28+ weeks)
- Other Specify Indication

## Gastrointestinal (GI) Studies

- UGI (Esophagus, Stomach, Duodenum)
- Small Bowel Follow Through

## Pain Management

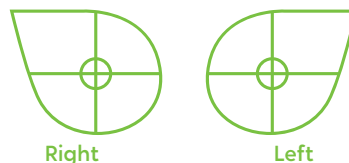
(Includes X-ray of area if needed)

- Pain Management Injection R  L

Specify Injection Area or use Pain Management Req

## Breast Imaging

- Screening Mammography (No Symptoms)
  - Screening U/S (If indicated by Breast Density Score)
  - Diagnostic Mammography R  L
- (Pain, lump, other problem | includes U/S as needed)
- Breast & Axilla U/S R  L
  - Breast Biopsy R  L



## Bone Mineral Densitometry

- Bone Mineral Densitometry
- (Vertebral Fracture Assessment done per OSC guidelines)

## 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 images with the patient
- Reports & images available at [CanadaDiagnostics.ca/Practitioners](http://CanadaDiagnostics.ca/Practitioners)

## Clinical History

LMP or EDC

## X-ray (Walk-in)

- X-ray Specify Indication

## Private Services

(Not covered by Alberta Health Care)

### MRI | 3T

- 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 Calcium Score)
- Virtual Colonoscopy (Colon Cancer Screening)
- Lung Cancer Screening

## Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph CGY: 403.212.5855

Toll-Free Ph: 1.877.420.4CDC (4232)

Fax CGY: 403.253.4669

Toll-Free Fax: 1.877.919.3291

Email: [appointments@CanadaDiagnostics.ca](mailto:appointments@CanadaDiagnostics.ca)

Online Requests: [CanadaDiagnostics.ca](http://CanadaDiagnostics.ca)

## PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

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

## Locations

### Northwest

- 1. Brentwood**  
830-3630 Brentwood Rd NW, T2L 1K8  
Ph: 403.338.4000  
Fax: 403.210.0075  
Pain Management | Walk-in X-ray  
Ultrasound | GI Studies
- 2. Symons Valley**  
32-12192 Symons Valley Rd NW, T3P 0A3  
(Creekside Shopping Centre)  
Ph: 403.212.5640  
Fax: 403.212.5642  
Pain Management | Walk-in X-ray  
Ultrasound | Mammography | GI Studies  
Bone Mineral Densitometry

### Southwest

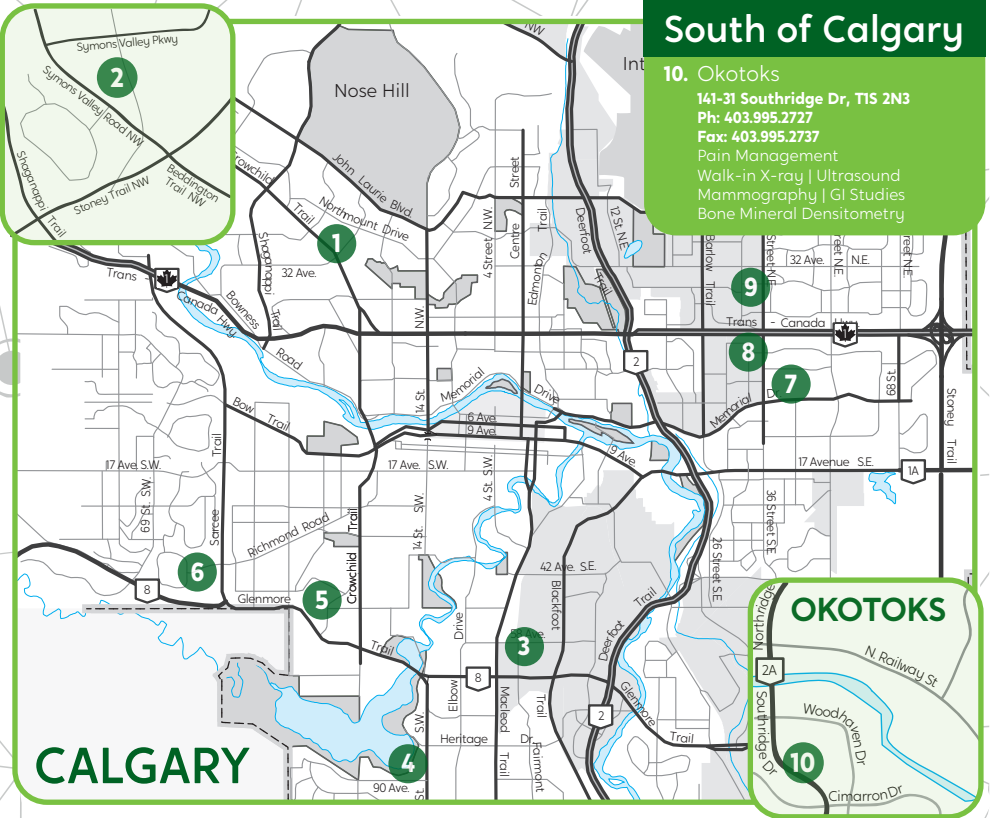
- 3. Chinook**  
1-6020 1A St SW, T2H 0G3  
Ph: 403.253.4666  
Fax: 403.301.2073  
Pain Management | Private MRI/CT  
Walk-in X-ray | Ultrasound | GI Studies
  - 4. Glenmore Landing**  
D270-1600 90 Ave SW, T2V 5A8  
Ph: 403.252.5882  
Fax: 403.640.2948  
Pain Management | Walk-in X-ray  
Ultrasound | Mammography
  - 5. Calgary Women's Imaging Centre\***  
20 Richard Way SW, T3E 7M9  
Ph: 403.685.3123  
Fax: 403.685.3235  
Pain Management | Women's Imaging | Ultrasound  
Mammography | Bone Mineral Densitometry
  - 6. Westhills**  
200A Stewart Green SW, T3H 3C8  
Ph: 403.685.6175  
Fax: 403.685.6199  
Pain Management | Walk-in X-ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry
- \*X-ray not available at this location

### Northeast

- 7. Marlborough**  
411 Marlborough Way NE, T2A 7E7  
Ph: 403.273.9002  
Fax: 403.569.8097  
Pain Management | Kid's Imaging  
Walk-in X-ray | Ultrasound  
GI and GU Studies
- 8. Pacific Place**  
959-999 36 St NE, T2A 7X6  
Ph: 403.215.2900  
Fax: 403.215.2920  
Pain Management  
Walk-in X-ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry
- 9. Sunridge**  
3-2675 36 St NE, T1Y 6H6  
Ph: 403.291.3315  
Fax: 403.291.9308  
Walk-in X-ray | Ultrasound  
Mammography  
Bone Mineral Densitometry

### South of Calgary

- 10. Okotoks**  
141-31 Southridge Dr, T1S 2N3  
Ph: 403.995.2727  
Fax: 403.995.2737  
Pain Management  
Walk-in X-ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry



## Exam Preparation

You may also visit [prepare.CanadaDiagnostics.ca](http://prepare.CanadaDiagnostics.ca)

### ULTRASOUND

#### BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS

The exam requires a full bladder. DRINK AND FINISH 1 liter (32 oz) of water 1 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 500 ml (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 1 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

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 2 days prior to your exam.

#### BONE MINERAL DENSITOMETRY

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.

### KID'S IMAGING

Please use Kid's Imaging requisition form. For detailed instructions please visit: [prepare.CanadaDiagnostics.ca](http://prepare.CanadaDiagnostics.ca)

### FLOURSCOPY

#### UPPER GI or SMALL BOWEL FOLLOW THROUGH or ABDOMINAL U/S + UGI

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.

### MRI

#### ABDOMINAL or PELVIC

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. DO NOT chew gum, consume coffee or carbonated drinks (pop). If you are diabetic, please consult your doctor.

#### PROSTATE EXAM PREPARATION

Have a light breakfast the day before the exam, have only clear fluids (such as soup broth or clear juices, do not take any carbonated beverages or coffee) after this breakfast and for the remainder of the day, do not take any solid foods until after the exam. Take a light laxative the night before the exam. After midnight have only sips of water. You may take your medications. A bowel movement is REQUIRED the morning of the exam, there should be NO remaining fecal matter. If you are diabetic please consult your doctor.

### CT

Detailed separate instructions sheets available. Please call 403.212.5855