

Patient & Appointment Information

Date of Requisition: DD/MM/YY

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 | | |
|---------------|----------------------|-------------------|---------------------|-------------------|
| 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 |
| Westgate | 172-17010 90 Ave NW | Edmonton, AB | Phone: 780.484.1672 | Fax: 780.484.2982 |
| 109 Street | 7121 109 St NW | Edmonton, AB | Phone: 780.434.9147 | Fax: 780.436.7650 |
| Ellerslie | 632 91 St SW | Edmonton, AB | Phone: 780.341.6020 | Fax: 587.458.5581 |
| Sherwood Park | 114-80 Chippewa Rd | Sherwood Park, AB | Phone: 780.467.2773 | Fax: 780.467.2982 |

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

MSK Ultrasound

(Includes x-ray of area if needed)

- Shoulder R L
- Shoulder U/S + Arthrogram 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

Obstetrical Ultrasound

- Obstetrical Series (Early, Nuchal and Detailed)
- Early Obstetric (dating/viability) (<12 weeks)
- Nuchal Translucency (11w2d to 13w5d)
- Detailed Anatomy (-18-20 weeks)
- BPP/Biophysical Profile (28+ weeks)
- Other Specify Indication

Gastrointestinal (GI) Studies

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

Vascular Ultrasound

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

Advanced Vascular (Mira ONLY)

- Leg Arterial Doppler with TBI (Bilateral)
- Thoracic Outlet Syndrome

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

Clinical History

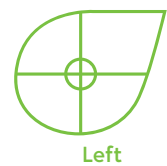
LMP or EDC
X-ray (Walk-in) Specify Indication

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



Booking An Appointment

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

Ph EDM: 780.341.6000

Toll-Free Ph: 1.877.420.4CDC (4232)

Toll-Free Fax: 1.877.919.3291

Email: appointments@CanadaDiagnostics.ca

Online Requests: 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

North

- 1. Mira**
103-11910 111 Ave NW, T5G 0E5
Ph: 780.452.9711
Fax: 780.452.3451
Pain Management | Walk-in X-Ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry
- 2. North Town**
134-9450 137 Ave NW, T5E 6C2
Ph: 780.478.7221
Fax: 780.475.1860
Pain Management | Walk-in X-Ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry

South

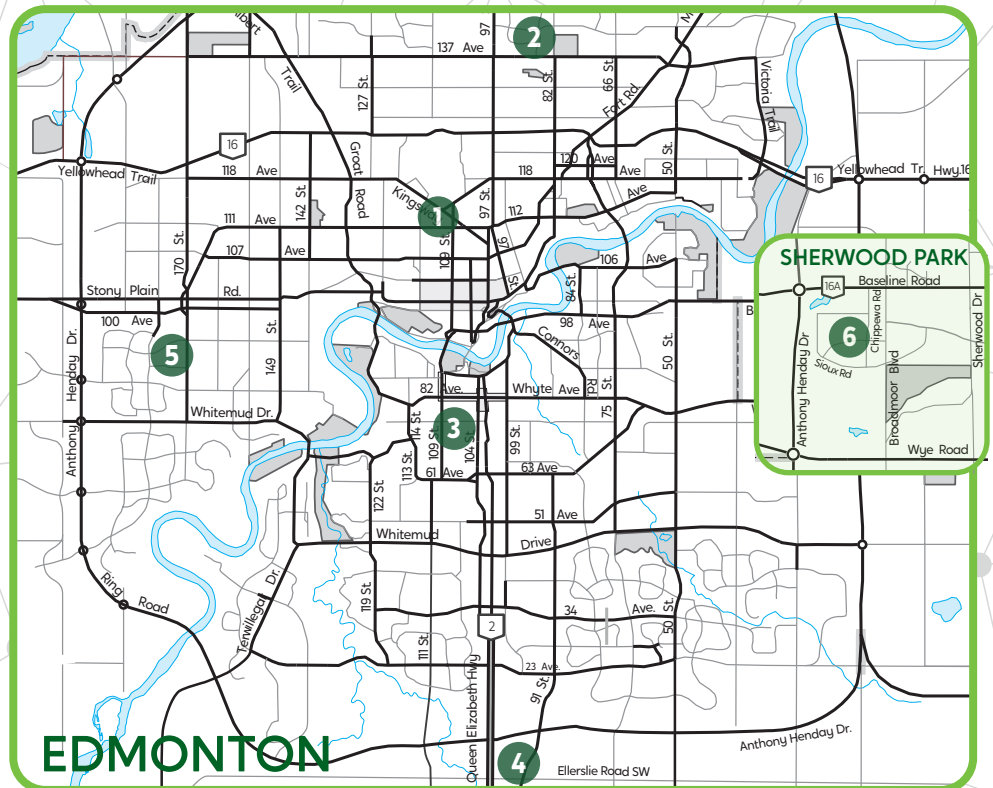
- 3. 109 Street***
7121 109 St NW, T6G 1B9
Ph: 780.434.9147
Fax: 780.436.7650
Pain Management | Women's Imaging | Ultrasound
Mammography | Bone Mineral Densitometry
- 4. Ellerslie**
632 91 St SW, T6X 0E4
Ph: 780.341.6020
Fax: 587.458.5581
Pain Management | Walk-in X-Ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry
*X-ray not available at this location

West

- 5. Westgate**
172-17010 90 Ave NW, T5T 1L6
Ph: 780.484.1672
Fax: 780.484.2982
Pain Management | Walk-in X-Ray | Ultrasound
Mammography | Bone Mineral Densitometry

East of Edmonton

- 6. Sherwood Park**
114-80 Chippewa Rd, T8A 4W6
Ph: 780.467.2773
Fax: 780.467.2982
Pain Management | Walk-in X-Ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry



Exam Preparation You may also visit 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.

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.

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.

FLUOROSCOPY

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.