

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# _____

Appt. Date _____ Time _____ CDC Site _____

Physician

Referring Physician _____
Clinic _____
Phone _____
Fax _____
Copy to Dr. _____
Fax Copy to Dr. _____
PRAC ID _____
Signature _____

Clinical History

N. A. F. L. D (Non-Alcoholic Fatty Liver Disease)

Risk factor for NAFLD present:

- Obesity, hyperlipidemia, metabolic syndrome and/or type 2 diabetes
 Ultrasound has confirmed fatty liver (steatosis)

Medication and lifestyle factors that may be the cause or contribute to fatty liver and/or abnormal liver tests:

Alcohol consumption

- 2+ drinks per day for males
 1+ drink per day for females

Medications

- Corticosteroids Tamoxifen Methotrexate Amiodarone

Abnormal Liver Test

- Elevated ALT and/or AST (for > 6 months)

Virology Performed

- Hep B (+) (-)
 Hep C (+) (-)

Required Information

Height (cm) _____ Weight (kg) _____ BMI _____

H. C. C. Screening (Hepatocellular Carcinoma)

- Book patient for serial follow up exam

Ethnicity: Asian Caucasian African descent Other

Eligible Patients:

- Hepatitis B carriers (HBsAg +) who are:
 Asian males > 40 years old
 Asian females > 50 years old
 African > 20 years old
 Patients with a family history of HCC
 HIV co-infected

OR

- Cirrhosis
 Fibroscan Score Biopsy Diagnosis Clinical Diagnosis
 Other _____

Cause of Cirrhosis: (Check all that apply)

- Hep B Hep C ETCH PBC PSC NAFLD
 Alpha 1 anti-trypsin deficiency Hemochromatosis
 Wilson's Disease AIH (auto immune) Other

Prior Imaging

Known Benign Liver Lesion: Yes No
Known Malignant Liver Lesion: Yes No

Booking An Appointment

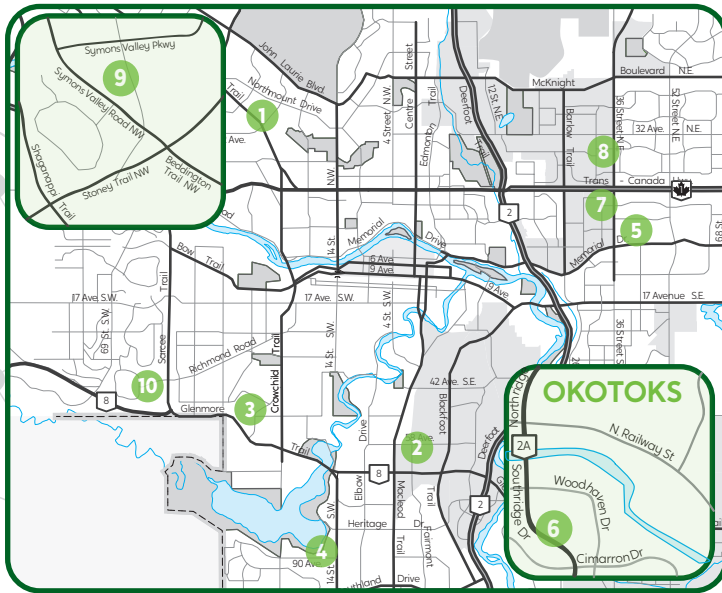
Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph CGY: 403.212.5855, Ph EDM: 780.341.6000
 Toll-Free Ph: 1.877.420.4CDC (4232)
 Fax CGY: 403.253.4669
 Toll-Free Fax: 1.877.919.3291
 Email: appointments@CanadaDiagnostics.ca
 Online Requests: CanadaDiagnostics.ca

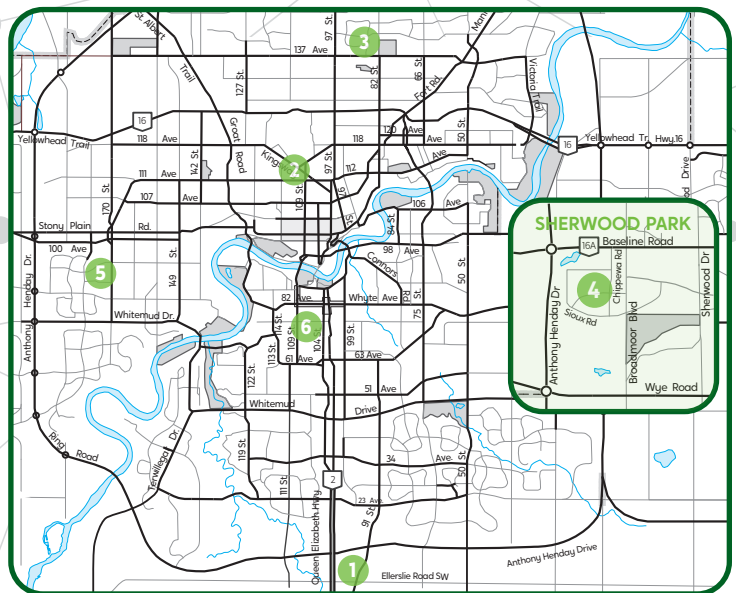
PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

- 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

CALGARY



EDMONTON



Locations

- | | |
|--|--|
| <p>1 Brentwood
830-3630 Brentwood Rd NW, T2L 1K8
Ph: 403.338.4000
Fax: 403.210.0075</p> <p>2 Chinook
1-6020 1A St SW, T2H 0G3
Ph: 403.253.4666
Fax: 403.301.2073</p> <p>3 Calgary Women's Imaging Centre*
20 Richard Way SW, T3E 7M9
Ph: 403.685.3123
Fax: 403.685.3235</p> <p>4 Glenmore Landing (H.C.C. Only)
D270-1600 90 Ave SW, T2V 5A8
Ph: 403.252.5882
Fax: 403.640.2948</p> <p>5 Marlborough
411 Marlborough Way NE, T2A 7E7
Ph: 403.273.9002
Fax: 403.569.8097</p> | <p>6 Okotoks
141-31 Southridge Dr, T1S 2N3
Ph: 403.995.2727
Fax: 403.995.2737</p> <p>7 Pacific Place
959-999 36 St NE, T2A 7X6
Ph: 403.215.2900
Fax: 403.215.2920</p> <p>8 Sunridge
3-2675 36 Street NE, T1Y 6H6
Ph: 403.291.3315
Fax: 403.291.9308</p> <p>9 Symons Valley
32-12192 Symons Valley Rd NW, T3P 0A3
(Creekside Shopping Centre)
Ph: 403.212.5640
Fax: 403.212.5642</p> <p>10 Westhills
200A Stewart Green SW, T3H 3C8
Ph: 403.685.6175
Fax: 403.685.6199</p> |
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Locations

- | | |
|---|--|
| <p>1 Ellerslie
632 91 St SW, T6X 0E4
Ph: 780.341.6020
Fax: 587.458.5581</p> <p>2 Mira
103-11910 111 Ave NW, T5G 0E5
Ph: 780.452.9711
Fax: 780.452.3451</p> <p>3 North Town
134-9450 137 Ave NW, T5E 6C2
Ph: 780.478.7221
Fax: 780.475.1860</p> | <p>4 Sherwood Park (H.C.C. Only)
114-80 Chippewa Rd, T8A 4W6
Ph: 780.467.2773
Fax: 780.467.2982</p> <p>5 Westgate
172-17010 90 Ave NW, T5T 1L6
Ph: 780.484.1672
Fax: 780.484.2982</p> <p>6 109 Street*
7121 109 St NW, T6G 1B9
Ph: 780.434.9147
Fax: 780.436.7650</p> |
|---|--|

*Walk-in X-ray not available at these locations

Exam Preparation You may also visit prepare.CanadaDiagnostics.ca

GENERAL

- Please arrive 15 minutes in advance of your appointment time.
- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- You will be asked at EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID.
- If you do not have your card you may be asked to return for your examination.
- Please bring your requisition with you.
- Phone to cancel if unable to keep booked appointment.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.

LIVER ULTRASOUND PATIENT PREPARATION

- Do not eat for 6 hours prior to exam.
- Clear fluids allowed. No milk or cream.

NAFLD ENHANCED PRIMARY CARE PATHWAY

For more information the clinical care of these patients, please see:
https://www.specialistlink.ca/files/Enhanced_Primary_Care_Pathway_NAFLD_10January2018.pdf

HCC SCREENING

The HCCRADs read as follows:

- 0** - Exam limited or non-diagnostic
Liver evaluation or follow up with alternate modality recommended.
- 1** - No mass or suspicious findings.
No sonographic evidence or worrisome mass or nodule. Patient rebooked for surveillance scan in 6 months time.
- 2** - Lesion is 10 mm or less in size. This finding warrants close follow up and this patient will have this examination repeated in 3 months time.
- 3** - Hepatic nodule greater than 10 mm in size detected. This finding warrants diagnostic testing to assess for features of HCC. Referral to hepatologist for definitive work-up suggested.