

## 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 109 STREET \_\_\_\_\_

## Physician

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

## Clinical History

LMP or EDC \_\_\_\_\_ DD/MM/YY \_\_\_\_\_

## STAT Report Options

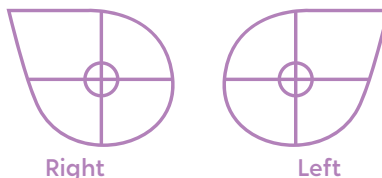
STAT Fax Report \_\_\_\_\_  
 STAT Verbal Report # \_\_\_\_\_ Specific Number \_\_\_\_\_  
 Send copy of images with the patient \_\_\_\_\_  
Reports & images available at [CanadaDiagnostics.ca/Practitioners](http://CanadaDiagnostics.ca/Practitioners)

## General Ultrasound

Routine Abdomen \_\_\_\_\_  
 Abdominal Wall (Pain/lump/Other) \_\_\_\_\_  
 Abdomen + Pelvis \_\_\_\_\_  
 Routine Female Pelvis (Gyne + Urinary Tract) \_\_\_\_\_  
 Kidneys, Ureters, Bladder only \_\_\_\_\_  
 Groin (Pain/Lump/Other) R  L  \_\_\_\_\_  
 Thyroid Gland \_\_\_\_\_  
 Neck (Salivary Glands/Lymph Nodes/Mass) \_\_\_\_\_  
 Other \_\_\_\_\_ Specify Area \_\_\_\_\_

## Breast Imaging

Complete Breast Assessment (Screening Mammography with Tomosynthesis and Breast U/S if indicated by Breast Density) \_\_\_\_\_  
 Screening Mammography with Tomosynthesis \_\_\_\_\_  
 Diagnostic Mammography R  L  \_\_\_\_\_ with Tomosynthesis (includes U/S as needed)  
 Diagnostic Breast & Axilla U/S R  L  \_\_\_\_\_



## 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 \_\_\_\_\_

## Intervention

Breast Biopsy (Core/Stereotactic) R  L  \_\_\_\_\_  
 Breast Cyst Aspiration R  L  \_\_\_\_\_  
 Axillary Biopsy R  L  \_\_\_\_\_  
 Needle/Wire Localization R  L  \_\_\_\_\_  
 Thyroid FNA\* R  L  \_\_\_\_\_  
 Other \_\_\_\_\_ Specify Area \_\_\_\_\_  
\* Must meet guideline criteria

## MSK Ultrasound

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 \_\_\_\_\_

## Bone Mineral Densitometry

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

## Pain Management

### Lumbar Facets

Stage 1: Facet Joint Injections L1/L2 R  L  \_\_\_\_\_  
 Stage 2a: Medial Branch Block L2/L3 R  L  \_\_\_\_\_  
 Stage 2b: Radiofrequency Neurotomy L3/L4 R  L  \_\_\_\_\_  
L4/L5 R  L  \_\_\_\_\_  
L5/S1 R  L  \_\_\_\_\_

Thoracic Facet \_\_\_\_\_ R  L  \_\_\_\_\_

SI Joint Injection R  L  \_\_\_\_\_  
 Pars Interarticularis \_\_\_\_\_ R  L  \_\_\_\_\_  
 Coccyx \_\_\_\_\_

Lumbar Epidural Steroid Injection L1/L2 R  L  \_\_\_\_\_  
L2/L3 R  L  \_\_\_\_\_  
L3/L4 R  L  \_\_\_\_\_  
L4/L5 R  L  \_\_\_\_\_  
L5/S1 R  L  \_\_\_\_\_  
S1 R  L  \_\_\_\_\_

Lumbar Selective Nerve Root Block L1 R  L  \_\_\_\_\_  
L2 R  L  \_\_\_\_\_  
L3 R  L  \_\_\_\_\_  
 Caudal ESI L4 R  L  \_\_\_\_\_  
L5 R  L  \_\_\_\_\_  
S1 R  L  \_\_\_\_\_

### Headache

Greater & Lesser Occipital Nerves R  L  \_\_\_\_\_  
 TMJ Injection R  L  \_\_\_\_\_

Other \_\_\_\_\_ Specify area or use Pain Management Req

### 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

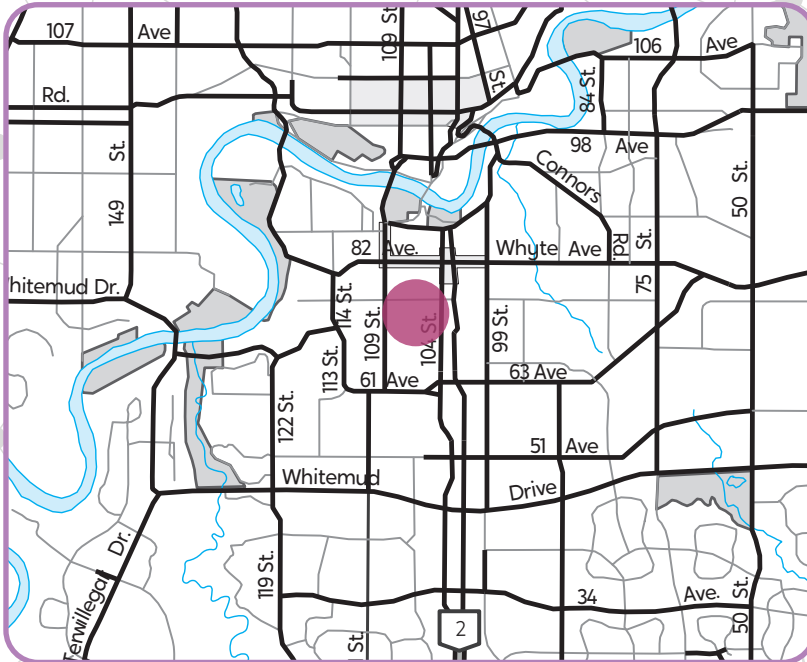
Email: [appointments@CanadaDiagnostics.ca](mailto:appointments@CanadaDiagnostics.ca)

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

## EDMONTON



## Location

109 Street

7121 109 St NW, T6G 1B9

Ph: 780.434.9147 | Fax: 780.436.7650

Women's Imaging | Pain Management | Ultrasound  
Mammography | Bone Mineral Densitometry

## A Note About Private Services

MRI & CT services are available only at our CDC Chinook location in Calgary, Alberta.

Services are provided on a per fee basis and are not covered by Alberta Health Care.

For information and pricing on our MRI & CT; Private Services, please contact 403.212.5847.

## Exam Preparation

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

### 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.

### 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.