

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
------------	------	----------

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

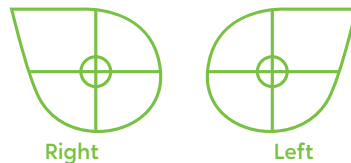
Pain Management

(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

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

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

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

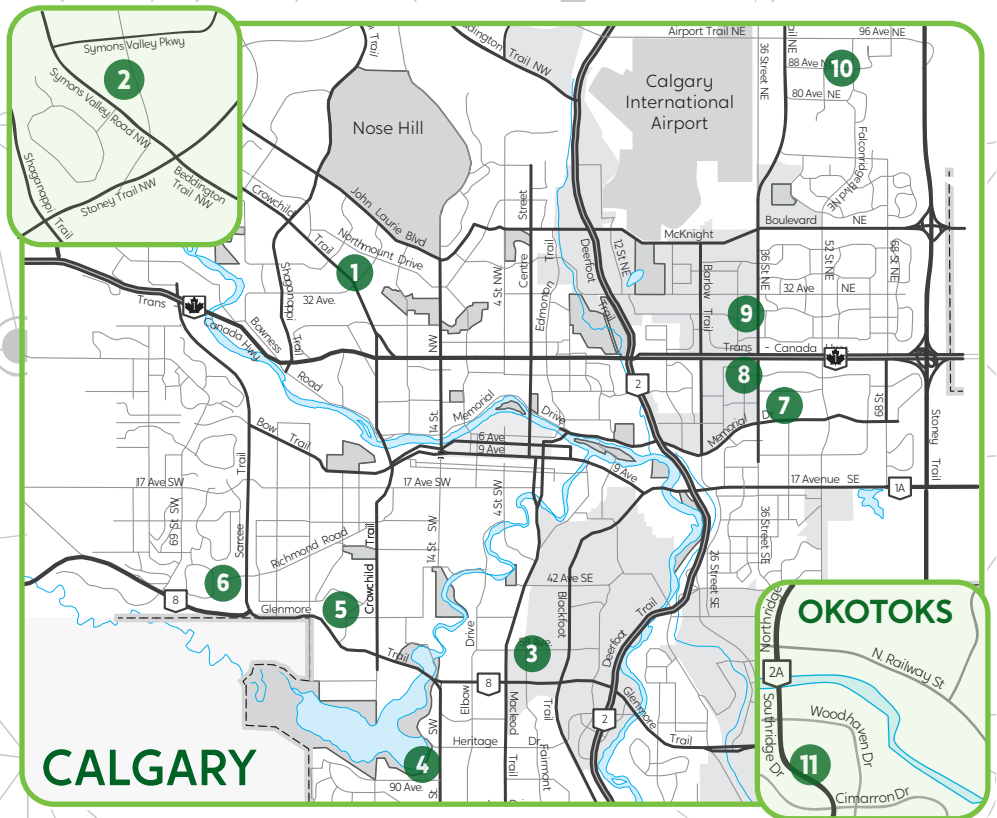
South of Calgary

- 11. 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

*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
- 10. Savanna**
8130-5850 88 Ave NE, T3J 0Z7
Ph: 403.212.7650 | Fax: 403.212.7655
Pain Management | Walk-in X-ray | Ultrasound
Mammography | GI Studies



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.

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

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