



Women's Imaging & Pregnancy Clinic

SUBMIT BY EMAIL HERE

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

Patient & Appointment Information

Date of Requisition: DD/MM/YY

Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Other Phone _____
DOB DD/MM/YY Female Other _____ Weight lbs kg
AHC# _____
Find your location at: canadadiagnostics.ca/locations/

Appt. Date _____ Time _____

Physician

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

Clinical History / Special Requests

LMP or EDC _____ DD/MM/YY

Location

Chinook *Private Services*^A

BREAST MRI | 3T

- Routine Pre-Treatment Staging Scan
- Screening for High-Risk Patients
- Other/Diagnostic

Specify Area or use *Private Services Requisition*

Contraindications for MRI Y N
If Yes (Please specify): _____

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

Location

Calgary Women's Imaging Centre

Breast Imaging

- Screening Mammography with Tomosynthesis
- Screening Automated Breast Ultrasound (ABUS)* (If indicated by risk factors)
- Diagnostic Mammography R L with Tomosynthesis (Includes U/S as needed)
- Diagnostic Breast & Axilla U/S R L

*ABUS (At Calgary Women's Imaging Centre)

Intervention

- Breast Biopsy (Core/Stereotactic) R L
- Breast Cyst Aspiration R L
- Axillary Biopsy R L
- Galactogram R L
- Needle/Wire Localization R L
- Thyroid FNA** R L
- Other (Specify area) _____

** Must meet guideline criteria

General Ultrasound

- Routine Abdomen Abdomen + Pelvis
- Abdominal Wall (Pain/Lump/Other)
- 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) _____

Rheumatoid Surveillance U/S

- Hand or Wrist (Bilateral)
- Foot or Ankle (Bilateral)
- Other MSK U/S (Specify area) _____

Calgary Women's Imaging Centre cont'd

Bone Mineral Densitometry

- Bone Mineral Densitometry
Vertebral Fracture Assessment done per OSC guidelines

MSK Ultrasound

- MSK Ultrasound Scan R L
- Specify MSK Ultrasound Area or use *General Requisition*

Location

Pacific Place

Maternal Fetal Ultrasound

- Routine*
- MFM/High Risk OB Consult*
- Obstetrical Series (Early, Nuchal and Detailed)
- Early Obstetric (Dating/Viability) (<12 weeks)
- Nuchal Translucency & Nasal Bone (~11-14 weeks)
- Detailed Anatomy (~18-20 weeks)
- BPP/Biophysical Profile/Growth (28+ weeks)
- Cervical Length Monitoring _____
- Uterine Artery Dopplers/Placenta
- Serial Ultrasound: PRN of _____ weeks

Obstetrical History/Indication

^AThere may be a cost to patient for special materials used. Not covered by Alberta Health Care. Please see *Private Services Requisition* for a complete list of MRI and CT procedures.

Booking An Appointment

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

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

Ph CGY: 403.212.5855

Toll-Free Ph: 1.877.420.4CDC (4232)

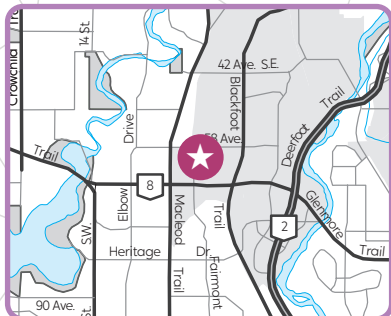
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CALGARY

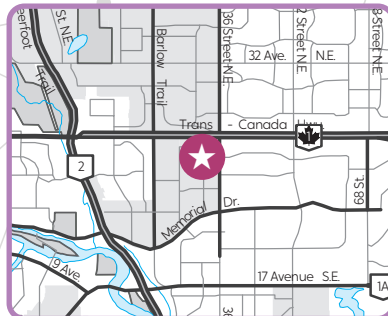


Chinook

**1-6020 1A Street SW
T2H 0G3**

**Ph: 403.253.4666
Fax: 403.301.2073**

Pain Management |
Private MRI/CT |
Walk-in X-ray | Ultrasound |
GI Studies

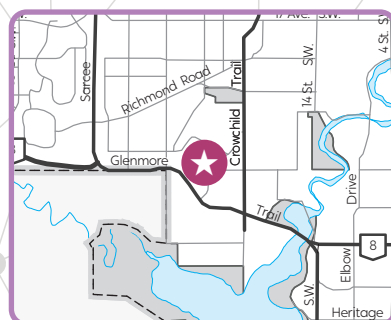


Pacific Place

**1010-999 36 Street NE
T2A 7X6**

**Ph: 403.215.2900
Fax: 403.215.2920**

Pain Management | Nuclear
Medicine | Women's Imaging |
Walk-in X-ray | Ultrasound |
GI Studies | Bone Mineral
Densitometry



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 | GI Studies

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 us at **403.212.5847**.

Exam Preparation

You may also visit 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.

Due to possible breast tenderness caused by caffeine intake, you may choose to avoid caffeine 2 days prior to your exam. (This is not a requirement for the exam)

BONE MINERAL DENSITOMETRY

DO NOT take any MULTIVITAMINS, CALCIUM, or IRON BEFORE your exam. You may take them AFTER your exam.

ULTRASOUND

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.

BLADDER OR PELVIS

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.

DATING, NUCHAL TRANSLUCENCY & NASAL BONE, AND DETAILED PREGNANCY

This exam requires a full bladder. DRINK AND FINISH 750 ml (24 oz.) of water one 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.

OTHER OB STUDIES 24 WEEKS AND OVER (2ND/3RD AND BPP)

This exam requires a partially full bladder. DRINK AND FINISH 250 ml (8 oz.) of water one 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.

RHEUMATOID SURVEILLANCE AND MSK ULTRASOUNDS

No special preparation required.

PRIVATE SERVICES

MRI

Detailed separate instructions sheets available. Please call 403.212.5855.

CT

Detailed separate instructions sheets available. Please call 403.212.5855.