

Patient & Appointment Information

Date of Requisition:

Name
Address
City Province Postal Code
Home Phone Other Phone
DOB Female Other _____ Weight lbs kg
AHC# WCB#/Accident Date

Physician

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

Appt. Date Time CDC Site 109 STREET

Clinical History / Special Requests

Find your location at: canadadiagnostics.ca/locations/

LMP or EDC
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.....
.....

STAT Report Options

STAT Fax Report
 STAT Verbal Report #
 Send copy of images with the patient
Reports & images available at 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

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

MSK Ultrasound

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

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)

Bone Mineral Densitometry

Bone Mineral Densitometry
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Vertebral Fracture Assessment done per OSC guidelines

Rheumatoid Surveillance U/S

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

Pain Management[^]

Pain Management Injection R L
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Specify Injection Area or use *Pain Management Requisition*

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 EDM: 780.341.6000

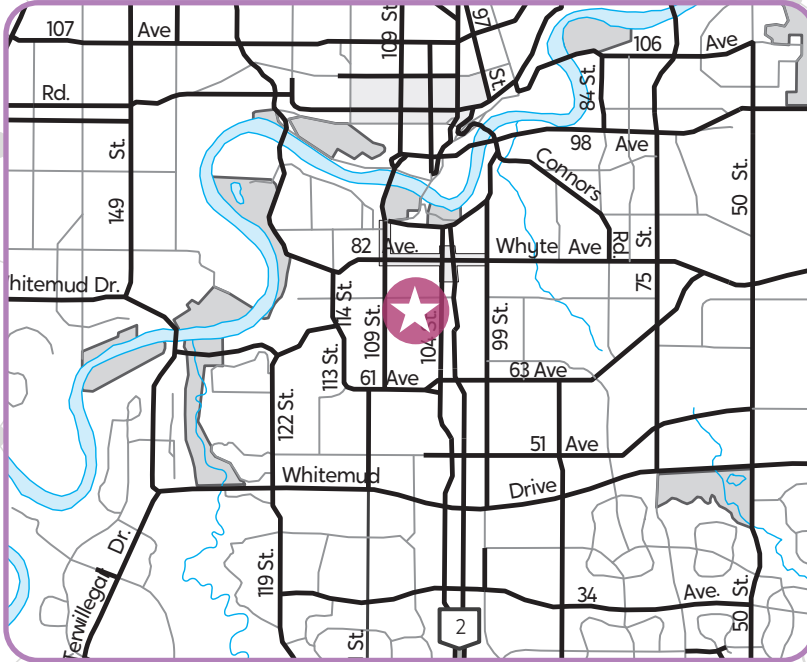
Toll-Free Ph: 1.877.420.4CDC (4232)

Toll-Free Fax: 1.877.919.3291

Email: appointments@CanadaDiagnostics.ca

Online Requests: CanadaDiagnostics.ca

EDMONTON



Location

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

A Note About Private Services

MRI services are available only at our CDC - Leduc location in Leduc, Alberta.

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

For information and pricing on our MRI; Private Services, please contact 780.612.5134.

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.

PAIN MANAGEMENT

Visit us at <https://canadadiagnostics.ca/patients/exam-preparation/> for detailed instructions.