



Name: _____

Address: _____

Phone Res: _____ Other: _____

Date of Birth: mm/dd/yyyy Age: _____ Male Female

Insurance #: _____ WCB (Y / N) Other: _____

ALL EXAMINATIONS

Please bring your Health Insurance Card and another piece of identification with this form.

**Please fax this completed requisition to:
780.450.9551**

If you are unable to keep your appointment, please call Central Booking 48 hours prior to your exam at 780.450.1500.

[Refer to Preparation Instructions on reverse](#)

Locations – Hours of operation vary by examination  *Extended Hours available for X-ray*

Edmonton

Hys Medical Centre
(Echo, MIBI, MUGA, X-ray)
202-11010 101 ST NW

Allin Clinic
(X-ray Only)
B1-10155 120 ST NW

Tawa Centre
(Echo, MUGA, X-ray)
200-3017 66 ST NW

College Plaza
(X-ray)
7th Flr-8215 112 ST NW

Century Park
(Echo, MIBI, X-ray)
201-2377 111 ST NW

Terra Losa
(Echo, EST, MIBI, X-ray)
9566 170 ST NW

Namao 160
(Echo, X-ray)
209-15961 97 ST NW

Windermere
(Echo, X-ray)
201-6103 Currents DR NW

St. Albert

Summit Centre
(Echo, MIBI, X-ray)
102-200 Boudreau RD

Grandin X-Ray
(X-ray Only)
1 St. Anne ST

Sherwood Park

Synergy Wellness Centre
(Echo, MIBI, X-ray)
109-501 Bethel DR

Ft. Saskatchewan
Southpointe
(Echo, X-ray)
115-9332 Southfort DR

Cardiac History, Indication & Risk Factors *Must be filled in by physician*

Cardiac History

- Chest Pain (Typical/Atypical)
- Known CAD
- Post MI
- Post PTCA/Stent(s)
- Post CABG
- Pacemaker
- Aortic Stenosis

Indication for Examination

- Diagnosis
- Prognosis
- Assess Therapy
- Positive Stress Test, No Symptoms
- Left Bundle Branch Block
- Pre-Operative Assessment
- Typical Angina, Negative or Inconclusive Stress Test
- Prominent Risk Factors, Unable to Exercise
- Other: _____

Risk Factors

- Smoking
- Diabetes
- Hypertension
- Family History
- Inactive Lifestyle
- Chronic Renal Failure
- Dyslipidemia

Pulmonary Medical History

- COPD** - Has the patient ever been on home oxygen therapy? Yes No
- Asthma** - Has the patient ever been hospitalized for asthma? Yes No

Current Medications *Bring a list of all current medications*

Height _____ Weight _____

Musculoskeletal Assessment

Is the patient able to perform an exercise stress test? Yes No

Exam Requested

- MIBI** - Myocardial Perfusion / Function Imaging

Location _____ Date _____ Time _____

- MUGA** - Gated Cardiac Scan

Location _____ Date _____ Time _____

- Exercise Stress Test (EST)**

Location _____ Date _____ Time _____

- Exercise Stress Test (EST) for Driver's Medical**
(not covered by AHC - payment required)

Location _____ Date _____ Time _____

- Echocardiogram**

Location _____ Date _____ Time _____

If the patient has had a previous exercise stress test, please attach a copy of the report

Resting ECG Analysis

- Normal
- AFIB
- LBBB
- RBBB
- WPW
- Other _____

X-RAY Exams Requested:

Stat Report Instructions

STAT fax report STAT verbal report to#: _____

Practitioner's Name: _____

Practitioner's Address: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Official Diagnostic Imaging Provider for:

Physician's Stamp
& Practice ID





ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

If you have any questions about your exam, exam preparation, or need to change, or cancel your appointment, please contact Central Booking. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee

Only those exams below require preparation. Please review carefully to ensure the best exam results.

Exercise MIBI - Myocardial Perfusion scan - with or without Persantine (Dipyridamole)

**If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.*

Your heart is imaged in two phases, on two separate days: once after stress (exercise), once while resting. Each appointment takes approximately 2-3 hours.

1. Do not consume any caffeine for 24 hrs prior to your stress test appointment

This includes such things as: coffee (*including decaffeinated coffees*), teas, colas and soda pops, chocolate, Tylenol #1, #2, and #3 (*over the counter Tylenol products may be used*). If you are taking a prescription medication for pain relief, contact your pharmacist to ensure that it does not contain any caffeine.

No erectile dysfunction medications (eg. *Viagra, Cialis*) 72 hours prior to your exam (*applies to both males and females*).

2. Do not eat or drink anything after midnight before the test

If you normally take medication in the morning, you may continue to do so with some water (*unless otherwise directed by your physician*).

3. Bring a list of your medications with dosages included

Continue to take all your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.

4. Diabetic Patients

DO NOT take your diabetic medications on the morning of your stress test. Bring your medications.

5. Asthmatic Patients

Bring your inhalers and medications.

6. Clothing

Please wear a comfortable pair of pants or shorts, a short sleeve shirt that buttons up the front, and appropriate footwear to be worn on a treadmill.

7. Food

Please feel free to bring a snack. There will be a waiting period between the stress test and scan.

Exercise Stress Test - no imaging

Please wear a comfortable pair of pants or shorts, a short sleeve shirt that buttons up the front, and appropriate footwear to be worn on a treadmill.

Locations

Hours of operation vary by examination

🕒 *Extended Hours available for X-ray*

Edmonton

Hys Medical Centre
202-11010 101 ST NW
Fax: 780.424.7780

Allin Clinic (X-ray Only)
B1, 10155 120 ST NW
Fax: 780.488.0238

🕒 **Tawa Centre**
200-3017 66 ST NW
Fax: 780.461.7527

College Plaza
7th Flr-8215 112 ST NW
Fax: 780.439.9977

🕒 **Century Park**
201-2377 111 ST NW
Fax: 780.461.8524

Windermere
201-6103 Currents DR NW
Fax: 1.888.442.2136

Terra Losa
9566-170 ST NW
Fax: 1.877.543.8044

Namao 160
209-15961 97 ST NW
Fax: 1.877.433.9020

MRI & CT
(*Separate requisition required*)

MRI College Plaza
7th Flr-8215 112 ST NW
Fax: 780.433.7286

MRI & CT Century Park
201-2377 111 ST NW
Fax: 780.433.7286

St. Albert

🕒 **Summit Centre**
102-200 Boudreau RD
Fax: 780.459.2376

Grandin X-Ray (X-ray Only)
1 St. Anne ST
Fax: 780.458.9096

Sherwood Park

Synergy Wellness Centre
109-501 Bethel DR
Fax: 780.392.1268

Ft. Saskatchewan

Southpointe
115-9332 Southfort DR
Fax: 780.392.1269

**MIC Business Office:
Hys Centre**
203-11010 101 ST NW
Edmonton
Fax: 780.425.5979