



Name: _____
 Address: _____
 Phone Res: _____ Other: _____
 Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female
 Insurance #: _____ WCB (Y / N) Other: _____

Appointment Details

Date: _____
 Time: _____
 Clinic Location: _____

Refer to Preparation Instructions on Reverse

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

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

Edmonton Hys Medical Centre 202-11010 101 ST NW Allin Clinic (X-ray Only) B1-10155 120 ST NW	<input type="radio"/> Tawa Centre 200-3017 66 ST NW College Plaza 7th Flr-8215 112 ST NW <input type="radio"/> Century Park 201-2377 111 ST NW	Terra Losa 9566 170 ST NW Namao 160 209-15961 97 ST NW Windermere 201-6103 Currents DR NW	St. Albert <input type="radio"/> Summit Centre 102-200 Boudreau RD Grandin X-Ray (X-ray Only) 1 St. Anne ST	Sherwood Park Synergy Wellness Centre 109-501 Bethel DR Ft. Saskatchewan Southpointe 115-9332 Southfort DR
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Significant Clinical History

Stat Report Instructions

- STAT fax report
- STAT verbal report to#:

- Send copy of x-rays with the patient

Date of L.M.P: _____ Patient's Signature: _____

X-Ray Exams Requested:


Ultrasound *Preparation required for exams marked with**

- | | |
|--|---|
| General
<input type="radio"/> Neck (Salivary glands / Lymph nodes)
<input type="radio"/> Thyroid
<input type="radio"/> Complete Abdomen*
<input type="radio"/> add liver elastography (liver fibrosis)*
<input type="radio"/> AAA Screen*
<input type="radio"/> Renal/Bladder*
<input type="radio"/> Pelvis (Female/Male)*
Vascular
<input type="radio"/> Carotid
<input type="radio"/> Echocardiogram
Lower Extremity:
<input type="radio"/> Venous Doppler (DVT) R___L___
<input type="radio"/> Ankle Brachial Index (ABI)
<input type="radio"/> Varicose Vein Assessment R___L___
<input type="radio"/> Other: _____ | General
<input type="radio"/> RLQ Compression (Appendix)*
<input type="radio"/> Scrotal
<input type="radio"/> Anal Sphincter (female only)
<input type="radio"/> Soft Tissue Mass: _____
<input type="radio"/> Other _____
Obstetric
<input type="radio"/> Complete Obstetrical Series*
<input type="radio"/> (early, NT & detailed)
<input type="radio"/> Early Obstetric (< 14 wk)*
<input type="radio"/> Nuchal Translucency Screening*
<input type="radio"/> (11w3d to 14w0d)
<input type="radio"/> Detailed Fetal Anatomy(> 18 wk)*
<input type="radio"/> add Uterine Artery Doppler
<input type="radio"/> Obstetric (> 28 wks includes BPP)*
<input type="radio"/> Twin Obstetric*
<input type="radio"/> Other: _____ |
|--|---|

Musculoskeletal Ultrasound – *May include X-ray.*

- (MRI is more appropriate for general joint assessment, non-specific pain, and internal derangement)
 Approximate date of Injury if acute: _____
- | | |
|--|--|
| <input type="radio"/> R <input type="radio"/> L Shoulder | <input type="radio"/> R <input type="radio"/> L Knee:
(MRI required for ACL/PCL, cartilage and menisci) |
| <input type="radio"/> R <input type="radio"/> L Elbow:
<input type="radio"/> Biceps <input type="radio"/> Triceps
<input type="radio"/> Medial <input type="radio"/> Lateral | <input type="radio"/> R <input type="radio"/> L Baker's cyst |
| <input type="radio"/> R <input type="radio"/> L Wrist:
<input type="radio"/> Dorsal <input type="radio"/> Volar
<input type="radio"/> Radial <input type="radio"/> Ulnar | <input type="radio"/> R <input type="radio"/> L Ankle:
<input type="radio"/> Achilles <input type="radio"/> Medial
<input type="radio"/> Lateral <input type="radio"/> Anterior |
| <input type="radio"/> R <input type="radio"/> L Fingers:
<input type="radio"/> Trigger finger <input type="radio"/> Ganglion
<input type="radio"/> Capsular Ligaments (digit) _____ | <input type="radio"/> R <input type="radio"/> L Foot:
<input type="radio"/> Heel pain assessment
<input type="radio"/> Morton's Neuroma |
| <input type="radio"/> R <input type="radio"/> L Hip:
<input type="radio"/> Anterior <input type="radio"/> Lateral
<input type="radio"/> Ischial (Hamstrings) | <input type="radio"/> R <input type="radio"/> L Lump/Mass/Muscle Injury:
(location) _____ |
| Other: _____ | <input type="radio"/> R <input type="radio"/> L Synovitis: (joints) _____ |

Breast Imaging

- | | |
|---|---|
| <input type="radio"/> Screening Mammography
<input type="radio"/> Screening Mammography with ABUS if indicated
<input type="radio"/> Breast Ultrasound R___L___
<input type="radio"/> Axilla R___L___
<input type="radio"/> Breast Biopsy | <input type="radio"/> Diagnostic Mammography (Provide History)
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|---|---|

Gastrointestinal Imaging

- E, S & D (Esophagus, Stomach & Duodenum)
- E, S & D Small bowel follow through
- Small bowel follow through only

Bone Densitometry

- Spine and Hip
- Thoracic and Lumbar Spine Correlative X-Rays

Pain Management

- Ultrasound Guided Injection
- Fluoroscopy Guided Injection
- Site: (eg. hip, facet, etc.) _____
- Left Right Both
- Blood Thinners?** Yes No

Nuclear Medicine

- Bone Scan (15 min., return approx 2-3 hours later for 1 hour)
- Gallium Scan (15 min., return 48-72 hours later for 1 hour)
- Hepatobiliary Scan (HIDA) (approx 2 hours)
- MUGA (Gated Cardiac Scan) (approx. 1 hour)
- Meckel's Scan (approx. 1 hour)
- Myocardial Perfusion Imaging with Ejection Fraction (MIBI) (For MIBI exams, please use **Cardiac Requisition**)
- Renal Imaging Diuretic Captopril
- NM Arthrogram (for prosthesis loosening) R___L___
Site: _____ (eg: hip, knee)

Exercise Stress Test (EST)

(For EST exams, please use **Cardiac Requisition**)

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

Ultrasound

- **Abdomen, AAA Screen, Liver elastography** Nothing to eat or drink after midnight.

- **Pelvic, Renal, Bladder, Nuchal Translucency Screening, or Obstetrical**
(You may continue to eat)
 1. Empty your bladder.
 2. Drink 1 litre of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.

- **Obstetric > 28 weeks includes BPP** (Please have a snack prior to the exam)
 1. Empty your bladder.
 2. Drink 500ml of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.

- **Abdomen with Pelvic or RLQ (Appendix)**
 1. Nothing to eat after midnight.
 2. The day of your exam, empty your bladder, then drink 1 litre of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.

Gastrointestinal Imaging

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

- **Esophagus, Stomach and Duodenum and/or Small Bowel**
Do not eat or drink anything, including water, after midnight the night before your examination (if your exam is scheduled after 1:00 p.m., you may have 1 slice of dry toast and 1 cup of clear liquid prior to 7:30 a.m.).
Small bowel - Time for examination varies, but may take as long as 4 hours.

Bone Mineral Densitometry

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

Wear comfortable clothing (sweatpants, etc.) and if possible no zippers or metal.

Mammography

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

Do not use perfume, deodorant, antiperspirant or talcum before the examination. If you experience premenstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two piece outfit. At the time of booking, you will be asked where your previous mammogram was done.

Nuclear Medicine

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

Exam	Preparation	Approximate Exam Time
Gallium Scan	No preparation prior to injection. Involves 3 separate days: ○ The first for injection ○ Two days later for images, which takes 45 minutes.	15 minutes, return 48 - 72 hours later for 1 hour
Hepatobiliary Scan (HIDA)	Nothing to eat or drink after midnight	2 hours
Meckel's Scan	Starting at 8:00 am, 1 day prior to exam, take 150mg Zantec every 4 hours (total 4 doses). Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic)	Drink 4 cups of fluids 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Captopril)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 4 cups of fluids 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own physician.	1 hour

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