



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Res: \_\_\_\_\_ Other: \_\_\_\_\_  
 Date of Birth: mm/dd/yyyy Age: \_\_\_\_\_  Male  Female  
 PHN: \_\_\_\_\_ WCB ( Y / N ) Other: \_\_\_\_\_


**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**

**\*ALL EXAMINATIONS\***

Please bring your Health Care card and another piece of identification with this form.

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

<b>Edmonton</b> <b>Allin Clinic</b> (X-ray only) B1-10155 120 ST NW	<b>College Plaza</b> (X-ray) 7th Flr-8215 112 ST NW	<b>Namao 160</b> (Echo, X-ray) 209-15961 97 ST NW	<b>Terra Losa</b> (Echo, EST, MIBI, X-ray) 9566 170 ST NW	<b>Ft. Saskatchewan</b> <b>SouthPointe</b> (Echo, X-ray) 115-9332 Southfort DR	<b>St. Albert</b> <b>Grandin X-Ray</b> (X-ray only) 1 St. Anne ST
<b>Century Park</b> (Echo, MIBI, X-ray) 201-2377 111 ST NW	<b>Gateway Clinic</b> (Echo, X-ray) 107-6925 Gateway BLVD NW	<b>Tawa Centre</b> (Echo, X-ray) 200-3017 66 ST NW	<b>Windermere</b> (Echo, X-ray) 201-6103 Currents DR NW	<b>Sherwood Park</b> <b>Synergy Wellness Centre</b> (Echo, MIBI, X-ray) 109-501 Bethel DR	<b>Summit Centre</b> (Echo, MIBI, X-ray) 102-200 Boudreau RD
	<b>Hys Medical Centre</b> (Echo, MIBI, X-ray) 202-11010 101 ST NW				

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

**Cardiac History**

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

**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

Practitioner's Name: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Clinic Ph: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Copy to: \_\_\_\_\_ Fax Copy: \_\_\_\_\_

Signature: \_\_\_\_\_

**Exam Requested**

- MIBI** - Myocardial Perfusion / Function Imaging

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 #: \_\_\_\_\_

Official Diagnostic Imaging Provider for:

*Practitioner's Stamp  
& Practice ID*





**\*ALL EXAMINATIONS\*** Please bring your Health Care 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 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, and appropriate footwear to be worn on a treadmill. No one piece undergarments.

### 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, and appropriate footwear to be worn on a treadmill. No one piece undergarments.

## Locations

Hours of operation vary by examination

Ⓞ *Extended Hours available for X-ray*

### Edmonton

**Allin Clinic** (*X-ray only*)

B1, 10155 120 ST NW

Fax: 780.488.0238

Ⓞ **Century Park**

201-2377 111 ST NW

Fax: 780.461.8524

**College Plaza**

7th Flr-8215 112 ST NW

Fax: 780.439.9977

**Gateway Clinic**

107-6925 Gateway BLVD NW

Fax: 1.866.815.1715

**Hys Medical Centre**

202-11010 101 ST NW

Fax: 780.424.7780

**Namao 160**

209-15961 97 ST NW

Fax: 1.877.433.9020

Ⓞ **Tawa Centre**

200-3017 66 ST NW

Fax: 780.461.7527

**Terra Losa**

9566-170 ST NW

Fax: 1.877.543.8044

Ⓞ **Windermere**

201-6103 Currents DR NW

Fax: 1.888.442.2136

**MRI & CT**

(*Separate requisition required*)

**MRI & CT Century Park**

201-2377 111 ST NW

Fax: 780.433.7286

**MRI College Plaza**

7th Flr-8215 112 ST NW

Fax: 780.433.7286

### Ft. Saskatchewan

**SouthPointe**

115-9332 Southfort DR

Fax: 780.392.1269

### Sherwood Park

**Synergy Wellness Centre**

109-501 Bethel DR

Fax: 780.392.1268

### St. Albert

**Grandin X-Ray** (*X-ray only*)

1 St. Anne ST

Fax: 780.458.9096

Ⓞ **Summit Centre**

102-200 Boudreau RD

Fax: 780.459.2376

**MIC Business Office**

**Hys Centre**

203-11010 101 ST NW

Edmonton

Fax: 780.425.5979