



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

Appointment Details

Date: _____
 Time: _____
 Clinic Location: _____

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*

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

Date of L.M.P.: _____
 Pregnant: Yes No
 Patient's Signature: _____

Stat Report Instructions

STAT fax report
 STAT verbal report to #: _____
 Send copy of X-rays with the patient

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"/> HCC Screening Program <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* (early, NT & detailed) <input type="radio"/> Early Obstetric (< 14 wk)* <input type="radio"/> Nuchal Translucency Screening* (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: _____
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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"/> Distal 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"/> Plantar Fascia <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

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

Whole Body Composition

Bone Densitometry

Bone Densitometry
 Thoracic and Lumbar Spine (Correlative x-rays)

Pain Management

Injection site: (eg. hip, facet, etc.) _____
 Left Right Both

Blood Thinners? Yes No

Alternately, please refer to our **Pain Management Requisition.**

Exercise Stress Test (EST)

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

Nuclear Medicine

<input type="radio"/> Bone Scan (15 min., return approx 2-3 hours later for 1 hour) <input type="radio"/> Gallium Scan (15 min., return 48-72 hours later for 1 hour) <input type="radio"/> Hepatobiliary Scan (HIDA) (approx 2 hours) <input type="radio"/> Meckel's Scan (approx. 1 hour)	<input type="radio"/> Myocardial Perfusion Imaging with Ejection Fraction (MIBI) (For MIBI exams, please use Cardiac Requisition) <input type="radio"/> Renal Imaging <input type="radio"/> Diuretic <input type="radio"/> Captopril <input type="radio"/> NM Arthrogram (for prosthesis loosening) R___L___ Site: _____ (eg: hip, knee)
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Practitioner's Name: _____
 Practitioner's Address: _____
 Clinic Ph: _____ Clinic Fax: _____
 Copy to: _____ Fax Copy: _____
 Signature: _____

Practitioner's Stamp
& Practice ID

Official Diagnostic Imaging Provider for:



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.

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.

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 2 separate visits: ○ The first for injection ○ Two days later for images, which takes 1 hour.	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 Zantac 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 practitioner.	1 hour

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 DR
Fax: 780.459.2376

MIC Business Office

Hys Centre
203-11010 101 ST NW
Edmonton
Fax: 780.425.5979