

Name: _____

Address: _____

Phone Res: _____ Other: _____

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

PHN: _____ WCB (Y / N) Other: _____

ALL EXAMINATIONS

Please bring your Health Care 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 Allin Clinic (X-ray only) B1-10155 120 ST NW Century Park (Echo, MIBI, X-ray) 201-2377 111 ST NW	College Plaza (X-ray) 7th Flr-8215 112 ST NW Gateway Clinic (Echo, X-ray) 107-6925 Gateway BLVD NW Hys Medical Centre (Echo, MIBI, X-ray) 202-11010 101 ST NW	Namoo 160 (Echo, X-ray) 209-15961 97 ST NW Tawa Centre (Echo, X-ray) 200-3017 66 ST NW	Terra Losa (Echo, EST, MIBI, X-ray) 9566 170 ST NW Windermere (Echo, X-ray) 201-6103 Currents DR NW	Ft. Saskatchewan SouthPointe (Echo, X-ray) 115-9332 Southfort DR Sherwood Park Synergy Wellness Centre (Echo, MIBI, X-ray) 109-501 Bethel DR	St. Albert Grandin X-Ray (X-ray only) 1 St. Anne ST Summit Centre (Echo, MIBI, X-ray) 102-200 Boudreau RD
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Cardiac History, Indication & Risk Factors *Must be filled in by practitioner*

Cardiac History

- | | |
|---|---|
| <input type="radio"/> Chest Pain (Typical/Atypical) | <input type="radio"/> Pacemaker |
| <input type="radio"/> Known CAD | <input type="radio"/> Aortic Stenosis |
| <input type="radio"/> Post MI | <input type="radio"/> CHF |
| <input type="radio"/> Post PTCA/Stent(s) | <input type="radio"/> Other Valve Disease |
| <input type="radio"/> Post CABG | |

Indication for Examination

- | | |
|---|--|
| <input type="radio"/> Diagnosis | <input type="radio"/> Typical Angina, Negative or Inconclusive Stress Test |
| <input type="radio"/> Prognosis | <input type="radio"/> Prominent Risk Factors, Unable to Exercise |
| <input type="radio"/> Assess Therapy | <input type="radio"/> Other: _____ |
| <input type="radio"/> Positive Stress Test, No Symptoms | |
| <input type="radio"/> Left Bundle Branch Block | |
| <input type="radio"/> Pre-Operative Assessment | |

Risk Factors

- | | |
|--------------------------------------|---|
| <input type="radio"/> Smoking | <input type="radio"/> Inactive Lifestyle |
| <input type="radio"/> Diabetes | <input type="radio"/> Chronic Renal Failure |
| <input type="radio"/> Hypertension | <input type="radio"/> Dyslipidemia |
| <input type="radio"/> Family History | |

Pulmonary Medical History

- | | |
|---|--|
| <input type="radio"/> COPD - Has the patient ever been on home oxygen therapy? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Asthma - Has the patient ever been hospitalized for asthma? | <input type="radio"/> Yes <input type="radio"/> 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
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- ☐ Exercise Stress Test (EST)

Location	Date	Time
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- ☐ Exercise Stress Test (EST) for Driver's Medical
(not covered by AHC - payment required)

Location	Date	Time
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- ☐ Echocardiogram

Location	Date	Time
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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

Namoo 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