

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**
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

Namao 160
209-15961 97 ST NW

 **Tawa Centre**

200-3017 66 ST NW

Terra Losa
9566 170 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

Sturgeon Medical Women's Imaging
110-625 St. Albert Trail

 **Summit Centre**
102-200 Boudreau RD

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

- MPI** - Myocardial Perfusion / Function Imaging

Location _____ Date _____ Time _____

- Cardiac Amyloidosis Scan**

Location _____ Date _____ Time _____

- Thallium Myocardial Viability Imaging**

Location _____ Date _____ Time _____

- Echocardiogram**

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 _____

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.

MPI - Myocardial Perfusion Imaging - 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.*

**Please inform your technologist prior to your injection if you are breastfeeding.*

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.

Cardiac Amyloidosis Scan

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

**Please inform your technologist prior to your injection if you are breastfeeding.*

Your heart is imaged in two phases on the same day: once 1 hour after injection and then again 3 hours after injection.

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

Sturgeon Medical Women's Imaging
110-625 St. Albert Trail
Fax: 1.866.215.9996

 **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