



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

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
501 Bethel DR
109 - Main Clinic
145 - Women's Imaging

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



Significant Clinical History

Date of L.M.P:

Pregnant: Yes No

Patient's Signature:

X-Ray Exams Requested:

Stat Report Instructions

STAT fax report

STAT verbal report to #: _____

Send copy of X-rays with the patient

Ultrasound *Preparation required for exams marked with**

General

- Neck (Salivary glands / Lymph nodes)
- Thyroid
- Complete Abdomen*
- Renal*
- Pelvic*
- Bladder*

- Antral Follicle Count* (may have a cost associated with this examination)
- Anal Sphincter
- Venous Doppler (DVT) R___ L___
- Other _____

Obstetric

- Complete Obstetrical Series* (early, NT & detailed)
- Early Obstetric (< 12 wk)*
- Nuchal Translucency Screening* (11w3d to 14w0d)
- Detailed Fetal Anatomy(> 18 wk)*
 - add Uterine Artery Doppler
- Obstetric (> 28 wks includes BPP)*
- Twin Obstetric*

Obstetric > 28 wks (limited) Cervical Length* (provide history)

Obstetric > 28 wks (limited) Placenta Location* (provide history)

Other: _____

Breast Imaging

- Screening Mammography
- Screening Mammography and ABUS if indicated
- Breast Ultrasound R___ L___
- Axilla R___ L___
- Breast Biopsy

Diagnostic Mammography (Provide History)



Bone Densitometry

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

Whole Body Composition

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Practitioner's Stamp & Practice ID

Partnered with



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 Nothing to eat or drink after midnight.

Abdomen with Pelvic or RLQ (Appendix)

- | | | |
|---|---|--|
| 1. Nothing to eat after midnight. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. The day of your exam, empty your bladder, then drink 1 litre of water. | | |

Pelvic, Renal, Bladder, Nuchal Translucency Screening, or Obstetrical

(You may continue to eat)

- | | | |
|----------------------------|---|--|
| 1. Empty your bladder. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. Drink 1 litre of water. | | |

Obstetric > 28 weeks *(Please have a snack prior to the exam)*

- | | | |
|--------------------------|---|--|
| 1. Empty your bladder. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. Drink 500ml of water. | | |

Anal Sphincter Exam is done to assess tears of the anal sphincter. Exam is performed both vaginally and transperineal. No preparation required.

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.


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
501 Bethel DR
109 - Main Clinic
145 - Women's Imaging
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