

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 <input type="radio"/> Century Park 201-2377 111 ST NW	Gateway Clinic 107-6925 Gateway BLVD NW Hys Medical Centre 202-11010 101 ST NW Namao 160 209-15961 97 ST NW	<input type="radio"/> Tawa Centre 200-3017 66 ST NW Terra Losa 9566 170 ST NW	<input type="radio"/> 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 <input type="radio"/> Summit Centre 102-200 Boudreau RD Sturgeon Medical Women's Imaging 110-625 St. Albert Trail
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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*

- | | |
|---|--|
| <p>General</p> <ul style="list-style-type: none"> <input type="radio"/> Neck (Salivary glands / Lymph nodes) <input type="radio"/> Thyroid <input type="radio"/> Complete Abdomen* <ul style="list-style-type: none"> <input type="radio"/> add liver elastography (liver fibrosis)* <input type="radio"/> HCC Screening Program <ul style="list-style-type: none"> <input type="radio"/> add liver elastography (liver fibrosis)* <input type="radio"/> AAA Screen* <input type="radio"/> Renal/Bladder* <input type="radio"/> Pelvis (Female/Male)* <p>Vascular</p> <ul style="list-style-type: none"> <input type="radio"/> Carotid <input type="radio"/> Echocardiogram <p>Lower Extremity:</p> <ul style="list-style-type: none"> <input type="radio"/> Venous Doppler (DVT) <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Ankle Brachial Index (ABI) <input type="radio"/> Varicose Vein Assessment <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Other: _____ | <p>General</p> <ul style="list-style-type: none"> <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: _____ <p>Obstetric</p> <ul style="list-style-type: none"> <input type="radio"/> Complete Obstetrical Series* (early, NT & detailed) <input type="radio"/> Early Obstetric (< 12 wk)* <input type="radio"/> Nuchal Translucency Screening* (11w3d to 14w0d) <input type="radio"/> Detailed Fetal Anatomy(> 18 wk)* <ul style="list-style-type: none"> <input type="radio"/> add Uterine Artery Doppler <input type="radio"/> Obstetric (> 28 wks includes BPP)* <input type="radio"/> Twin Obstetric* <input type="radio"/> Other: _____ |
|---|--|

- 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:** _____
- | | |
|---|--|
| <p><input type="radio"/> R <input type="radio"/> L Shoulder</p> <p><input type="radio"/> R <input type="radio"/> L Elbow:</p> <ul style="list-style-type: none"> <input type="radio"/> Distal Biceps <input type="radio"/> Triceps <input type="radio"/> Medial <input type="radio"/> Lateral <p><input type="radio"/> R <input type="radio"/> L Wrist:</p> <ul style="list-style-type: none"> <input type="radio"/> Dorsal <input type="radio"/> Volar <input type="radio"/> Radial <input type="radio"/> Ulnar <p><input type="radio"/> R <input type="radio"/> L Fingers:</p> <ul style="list-style-type: none"> <input type="radio"/> Trigger finger <input type="radio"/> Ganglion <input type="radio"/> Capsular Ligaments (digit) _____ <p><input type="radio"/> R <input type="radio"/> L Hip:</p> <ul style="list-style-type: none"> <input type="radio"/> Anterior <input type="radio"/> Lateral <input type="radio"/> Ischial (Hamstrings) <p>Other: _____</p> | <p><input type="radio"/> R <input type="radio"/> L Knee:</p> <p>(MRI required for ACL/PCL, cartilage and menisci)</p> <p><input type="radio"/> R <input type="radio"/> L Baker's cyst</p> <p><input type="radio"/> R <input type="radio"/> L Ankle:</p> <ul style="list-style-type: none"> <input type="radio"/> Achilles <input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> Anterior <p><input type="radio"/> R <input type="radio"/> L Foot:</p> <ul style="list-style-type: none"> <input type="radio"/> Plantar Fascia <input type="radio"/> Morton's Neuroma <p><input type="radio"/> R <input type="radio"/> L Lump/Mass/Muscle Injury:</p> <p>(location) _____</p> <p><input type="radio"/> R <input type="radio"/> L Synovitis: (joints) _____</p> |
|---|--|

Breast Imaging

- Screening Mammography and ABUS/ Supplemental Ultrasound if indicated
 - Screening Mammography
 - Breast Ultrasound R L
 - Axilla R L
 - Breast Biopsy
- Diagnostic Mammography (Provide History)



Gastrointestinal Imaging

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

Whole Body Composition

Bone Densitometry

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

Pain Management

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

- Bone Scan (15 min., return approx 2-3 hours later for 1 hour)
 - Gallium Scan (15 min., return 48-72 hours later for 1 hour)
 - Hepatobiliary Scan (HIDA) (approx 2 hours)
 - Meckel's Scan (approx. 1 hour)
 - Renal Imaging Diuretic Renovascular Hypertension
- NM Arthrogram (for prosthesis loosening) R L
 Site: _____ (eg: hip, knee)
- Please use Cardiac Requisition for these 3 exams:**
- Myocardial Perfusion Imaging with Ejection Fraction (MPI)
 - Cardiac Amyloidosis Scan
 - Thallium Myocardial Viability Imaging

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

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 8:00am the <u>day prior</u> to exam take oral Pepcid AC 20 mg (famotidine). A second 20 mg dose should be taken the evening before the exam, and a third 20mg dose taken on the morning of the test with a small sip of water, 1 hour prior to imaging. Total 3 doses. Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic)	Drink 1 liter of fluid 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Renovascular Hypertension)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 1 liter of fluid 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own practitioner.	1 hour
Cardiac Examinations	Refer to preparation instructions on Cardiac Requisition.	

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

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 Terra Losa

9566-170 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