



Name: _____

Address: _____

Phone Mobile: _____ Phone Other: _____

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

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

Appointment Details

Date: dd/mm/yyyy

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 – For clinic hours of operation, please visit mic.ca

Edmonton

Allin Clinic (X-ray only)

B1-10155 120 ST NW

Century Park

201-2377 111 ST NW

Gateway Clinic

107-6925 Gateway BLVD NW

Heritage Valley

Town Centre

2903-119A ST SW

Hys Medical Centre

202-11010 101 ST NW

Lakewood

201-7319 29 AVE NW

Manning Town Centre

15425 37 ST NW

Namoo 160

209-15961 97 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

Summit Centre

102-200 Boudreau RD

Sturgeon Medical

Women's Imaging

110-625 St. Albert Trail

Significant Clinical History

LMP: _____

☐ **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/Bladder*
- ☐ Pelvis*
- ☐ 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 and Supplemental Screening Breast Ultrasound (if indicated based on breast density), Asymptomatic
- ☐ Supplemental Screening Breast Ultrasound
- ☐ Screening Mammography, Asymptomatic
- ☐ Diagnostic Mammography, Provide History
- ☐ Diagnostic Breast/Axilla Ultrasound (Provide History)
- ☐ Breast Intervention/Biopsy, Provide History



Bone Densitometry

- ☐ Bone Densitometry
- ☐ Thoracic and Lumbar Spine (Correlative x-rays)
- ☐ Baseline
- ☐ >2 yr follow-up
- ☐ <2 yr follow-up (applicable risk factors required)
- ☐ < 50 yrs (must have referral from AMA approved specialist)

Whole Body Composition

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to Dr: _____ Fax Copy To: _____

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.

*For all examinations (except ultrasound):

1. If it has been more than 28 days since the start of your last period, please confirm with the technologist that you are not pregnant.
2. Some continuous glucose monitoring devices recommend removing the glucose monitor for all radiation imaging exams, while others specify that you only need to remove the device if it is in the direct beam. Some devices say that you don't need to remove them at all. Before scheduling a medical imaging exam at MIC, we recommend that all diabetic patients refer to their glucose monitoring device instructions so they can coordinate their appointment around the replacement of their device. If you are unsure if you will receive radiation during your appointment, please call our [Central Booking team at 780-450-1500](tel:780-450-1500).

Only exams below require preparation. Please review carefully to ensure the best exam results.

Ultrasound

☐ **Abdomen** Nothing to eat or drink for 6 hours prior to the exam.

☐ **Abdomen with Pelvic or RLQ (Appendix)**

1. Nothing to eat for 6 hours prior to the exam.
2. 90 minutes prior to 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.

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

(You may continue to eat)

1. 90 minutes prior to your exam, 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** *(Please have a snack prior to the exam)*

1. 90 minutes prior to your exam, 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.

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

Mammography

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

For clinic hours of operation, please scan the QR code or visit mic.ca



Edmonton

Allin Clinic (X-ray only)
B1, 10155 120 ST NW
Fax: 780.488.0238

Century Park
201-2377 111 ST NW
Fax: 780.665.4289

Gateway Clinic
107-6925 Gateway BLVD NW
Fax: 1.866.815.1715

Heritage Valley Town Centre
2903-119A ST SW
Fax: 780.665.7063

Hys Medical Centre
202-11010 101 ST NW
Fax: 780.424.7780

Lakewood

201-7319 29 AVE NW
Fax: 780.461.7527

Manning Town Centre
15425 37 ST NW
Fax: 780.655.7276

Namoo 160
209-15961 97 ST NW
Fax: 1.877.433.9020

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