



Medical Imaging

GENERAL REQUISITION

PLEASE FAX ALL REQUISITIONS :
Fax (780) 639-0906

Cold Lake
101, 2012 8th Avenue
Cold Lake, AB

Bonnyville
104, 4610 - 50 Street
Bonnyville, AB

Phone: (780) 639-0900 www.cgami.ca

Appointment Date & Time _____

PATIENT INFORMATION

Name _____ Todays Date _____

Sex _____ Date of Birth _____ PHN # (AHC) _____

Address _____ Postal Code _____ City _____

Phone Number _____ Other Phone Number _____ (Bring your Health Care & ID Cards)

SIGNIFICANT CLINICAL HISTORY AND DIAGNOSIS

LMP _____

ULTRASOUND

GENERAL

- Abdomen & Pelvis*
- Complete Abdomen*
- Pelvis*
- Kidneys & Bladder*
- RLQ/Appendix/LLQ
- Abdominal Wall
- Scrotum
- Thyroid
- Neck
- Soft Tissue _____

VASCULAR

- Carotids
- Venous Arms R L B
- Venous Legs R L B
- Arterial Legs R L B

HEPATOLBILIARY

- *Bonnyville Only***
- Liver Elastography*

ECHOCARDIOGRAM

- *Bonnyville Only***
- Echocardiogram

OBSTETRICAL

- OBS Series* (1st, NT, Detailed)
- Early Pregnancy*
- Nuchal Translucency*
- Detailed Obstetrical*
- 2nd/3rd Trimester*
- BPP*
- Twins/Multiples*
- Limited Obstetrical

MUSCULOSKELETAL *Cold Lake Only*

- Shoulder R L B
- Elbow R L B
- Wrist R L B
- Finger/Hand R L B
- Hip Joint R L B
- Knee R L B
- Ankle R L B
- Achilles Tendon R L B
- Foot R L B
- Plantar Fasciitis R L B
- Other _____

MAMMOGRAM

- Screening Mammogram
(Please provide previous reports or location of previous mammogram)

BONE DENSITY

- Bone Density
(Minimum every 2 years for routine)
- BoneDensitometry
(With Spinal correlative images)
- > 2 year BMD (must have Risk Factors)
Risk Factors _____

XRAY

REFERRING PRACTITIONERS INFORMATION

Name _____ Phone # _____ Fax # _____

Address _____ Postal C o d e _____ City _____ Prac ID# _____

CC Copy _____ Practitioners Signature _____

Stat Report Faxed to _____

Send X-rays with Patient

Phoned to _____

LOCATION & DIRECTIONS

Cold Lake
101, 2012 8th Avenue
Cold Lake, AB
Fax (780) 639-0906



Bonnyville
104, 4610 - 50 Street
Bonnyville, AB
Fax (780) 343-0059



PATIENT INSTRUCTIONS

- Please arrive 10 minutes prior to your scheduled appointment time
- You must have your Alberta Health Care card and another form of ID with you (i.e. Driver's License)
- If you need to cancel your appointment, please phone **(780) 639-0900**
- Please bring an adult to supervise your children

PREPARATION

ABDOMEN or LIVER ELASTOGRAPHY

Have nothing to eat or drink for at least 8 hours prior to your examination (this includes no smoking, no lozenges, no gum)

PELVIC, OBSTETRICAL (under 28 weeks), OR KIDNEYS & BLADDER

Drink 1L (4 cups) of water 1.5 hours prior to appointment time. (If the patient is under 80 lbs please only drink 2 glasses) Finish your water 1 hour before your appointment. DO NOT empty bladder until after the examination.

ABDOMEN & PELVIC

Have nothing to eat or drink for at least 8 hours prior to your examination (this includes no smoking, no lozenges, no gum) you do also need a full bladder so Drink 1L (4 cups) of water 1.5 hours prior to appointment time. (If the patient is under 80 lbs please only drink 2 glasses) Finish your water 1 hour before your appointment. DO NOT empty bladder until after the examination

BIOPHYSICAL PROFILE OR PREGNANCY 28 WEEKS & OVER

Drink 500ml (2 cups) of water 1.5 hours prior to appointment time. Finish your water 1 hour before your appointment. DO NOT empty bladder until after the examination. Eat regular meals.

SCREENING MAMMOGRAPHY

DO NOT wear deodorant, lotion, or body powder the day of the exam. If you have premenstrual tenderness in your breasts, it is advisable to schedule your appointment after it has subsided.