CG	Medical	GENERAL REQUISTION	PLEASE FA)	K ALL REQUISITIONS : Fax (780) 639-0906
Appointment Date	Imaging & Time_		Cold Lake 101, 2012 8th Avenue Cold Lake, AB Phone: (780) 639-	Bonnyville, AB
PATIENT INFORM	/IATION			
Name		Toda	ys Date	
		PHN # (AHC)		
Address		Postal Code	City	
		_Other Phone Number	Bring your He	ealth Care & ID Cards)
SIGNIFICANT CLIN	IICAL HISTORY AND DIAGNO	SIS		

			LMP	
VASCULAR		OBSTETRICAL	MUSCULOSKELETAL	*Cold Lake Only*
◯ Carotids		○ OBS Series* (1st, NT, Detailed)	◯ Shoulder	OROLOB
O Venous Arms	OR OLOB	Early Pregnancy*	O Elbow	OROLOB
○ Venous Legs	OROLOB	Nuchal Translucency*	⊖ Wrist	OROLOB
O Arterial Legs	OR OLOB	O Detailed Obstetrical*	○ Finger/Hand	OR OLOB
		○ 2 <sup>nd</sup> /3 <sup>rd</sup> Trimester*	O Hip Joint	OR OL OB
HEPATOLBILIARY	0	O BPP*	O Knee	OR OL OB
*Bonnyville On	ly*	Twins/Multiples*	O Ankle	OR OL OB
Liver Elastogra	phy*	<ul> <li>Limited Obstetrical</li> </ul>	O Achilles Tendon	OR OLOB
			O Foot	OR OLOB
ECHOCARDIOGR	AM		O Plantar Fasciitis	OR OLOB
*Bonnyville On	ly*		Other	
O Echocardiogra	/m			
	Carotids Venous Arms Venous Legs Arterial Legs HEPATOLBILIARY *Bonnyville Onl Liver Elastogra ECHOCARDIOGR *Bonnyville Onl	<ul> <li>○ Carotids</li> <li>○ Venous Arms</li> <li>○ R</li> <li>○ L</li> <li>○ B</li> <li>○ Venous Legs</li> <li>○ R</li> <li>○ L</li> <li>○ B</li> </ul>	<ul> <li>Carotids</li> <li>Venous Arms</li> <li>R</li> <li>L</li> <li>B</li> <li>Early Pregnancy*</li> <li>Venous Legs</li> <li>R</li> <li>L</li> <li>B</li> <li>Nuchal Translucency*</li> <li>Arterial Legs</li> <li>R</li> <li>L</li> <li>B</li> <li>Detailed Obstetrical*</li> <li>2<sup>nd</sup>/3<sup>rd</sup> Trimester*</li> <li>BPP*</li> <li>*Bonnyville Only*</li> <li>Liver Elastography*</li> <li>Limited Obstetrical</li> <li>ECHOCARDIOGRAM</li> <li>*Bonnyville Only*</li> </ul>	VASCULAR       OBSTETRICAL       MUSCULOSKELETAL            Carotids           OBS Series* (1st, NT, Detailed)         Shoulder           Shoulder             Venous Arms           R         L         B         Early Pregnancy*           Elbow             Venous Legs         R         L         B         L         B

MAMMOGRAM	BONE DENSITY	
<ul> <li>Screening Mammogram</li> <li>(Please provide previous reports or location of previous mammogram)</li> </ul>	<ul> <li>Bone Density</li> <li>(Minimum every 2 years for routine)</li> <li>&gt; 2 year BMD (must have Risk Factors) Risk Factors</li> </ul>	<ul> <li>BoneDensitometry (With Spinal correlative images)</li> </ul>

# XRAY

REFERRERING PRACTIONERS	INFORMATION			
Name	Phone #		Fax #	
Address	Postal C o d e	City	Prac ID#	
СС Сору	Practitioners Signature			
Stat Report 🔘 Faxed to			◯ Send X-rays with Patient	
	O Phoned to			

\*See Reverse for Instructions\*

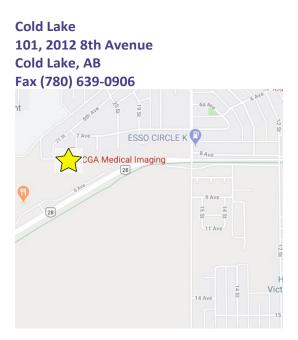


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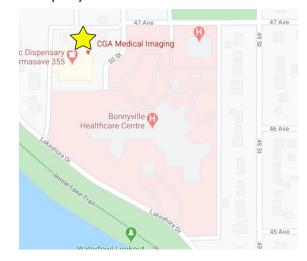
www.cgami.ca

Phone: (780) 639-0900

# **LOCATION & DIRECTIONS**



Bonnville 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) Finis h 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.