

GENERAL IMAGING REQUISITION

PATIENT & APPOINTMENT INFORMATION

Date of Request	DD/MM/YY	Appointment Date	DD/MM/YY	Today's Date
Patient Name		DOB	DD/MM/YY	AHC#
Address		City/Prov		WCB#
Postal Code		Cell Phone		Home Phone
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERRER INFORMATION

Name	Clinic Name	Phone
Fax	Copy to Dr	Fax Copy to Dr
Practitioner's ID number	Signature	<input type="checkbox"/> CD copy

STAT REPORT OPTIONS

<input type="checkbox"/> STAT Fax to:	<input type="checkbox"/> STAT Phone to:	<input type="checkbox"/> Send copy of images with patient
---------------------------------------	---	---

PROFESSIONAL SERVICES

X-RAY (WALK IN)

Exam(s) requested:

BONE MINERAL DENSITOMETRY

- Bone Mineral Densitometry
 DEXA Body Composition Scan (patient pay only)
 Repeat # of Scans

OBSTETRICAL ULTRASOUND

- OBS Series* (1st, NT, Detailed)
 Dating/Viability
 Detailed Obstetrical*

GENERAL ULTRASOUND

- Complete Abdomen
 Abdomen & Pelvis*
 Abdomen & UGI*
 RLQ/Appendix*
 Pelvis*

OBSTETRICAL ULTRASOUND

- 2nd/3rd Trimester*
 BPP* BPP* in complicated pregnancy
 Twins/ Multiples

BREAST IMAGING

- Complete Breast Imaging
 (Screening mammogram and ultrasound if breast is dense)
 Screening Mammogram
 (Please provide previous reports or location of previous mammogram)
 Diagnostic Mammogram R L B
 Diagnostic Breast & Axilla R L B

BONE MINERAL DENSITOMETRY

- Kidneys & Bladder* (KUB)
 Abdominal Wall
 Scrotum
 Thyroid
 Neck
 Soft Tissue

MUSCOSKELETAL ULTRASOUND

- Knee R L B
 Ankle R L B
 Foot R L B
 Planter Fascia R L B
 Finger/Hand R L B
 Wrist R L B
 Elbow R L B
 Hip Joint R L B
 Shoulder R L B
 Achilles Tendon R L B
 Other

HEPATOBIILIARY

- HCC Screening* (Hepatobiliary Carcinoma)
 Liver Elastography*

PEDIATRIC ULTRASOUND

- Complete Abdomen*
 Pelvis*
 Abdominal Wall
 Kidney & Bladder (KUB)

VASCULAR

- Pylorus*
 Scrotum
 Thyroid
 Neck
 MSK Joint or Tendon
 Other
 Carotids
 Venous Upper (DVT) R L B
 Venous Lower (DVT) R L B
 Arterial Screening R L B
 Include ABI
 Renal Artery Doppler*

SPECIALTY

GI & IBD IMAGING

- UGI*
 Bowel Evaluation*
 Small Bowel Follow Through*
 Pediatric Bowel Evaluation

SIGNIFICANT CLINICAL HISTORY & DIAGNOSIS

You can fax any requisition and we will contact the patient to book an appointment. We speak a variety of languages to aid in your booking process.

LOCATION and PATIENT INSTRUCTIONS

4774 Westwinds Drive NE,
Unit 140 Calgary, Alberta

- We accept patients of all ages.
- 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 1-587-623-0900
- Please bring an adult to supervise your children.



Preparation

ABDOMEN, HCC SCREENING/LIVER ELASTOGRAPHY

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 under 80 lbs, only drink 2 glasses) Finish your water 1 hour before your appointment. **DO NOT** empty bladder until after the examination.

ABDOMEN & PELVIC

Nothing to eat or drink for at least 8 hours prior to your examination (no smoking, no lozenges, no gum). Drink 1L (4 cups) of water 1.5 hours prior to appointment time. (If 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.

RENAL ARTERY DOPPLER

Nothing to eat for 10 hours prior to your examination. Please continue to drink water, and a full bladder is **not** required.

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.

UGI/BOWEL ULTRASOUND/SMALL BOWEL FOLLOW THROUGH

Nothing to eat or drink for at least 8 hours prior to your examination (no smoking, no lozenges, no gum).

PYLORIS or ABDOMEN (under 2 years of age)

Do your best to have the baby have nothing to eat or drink for 3 hours before the exam. Be prepared to feed the baby after the exam.