



Name: _____
 Address: _____
 Phone Res: _____ Other: _____
 Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female Non-binary
 PHN: _____ WCB (Y / N) Other: _____

Please fax this completed requisition to 780.450.9551

If you are unable to keep your appointment, please call Central Booking 48 hours prior to your exam at 780.450.1500.

[Refer to Preparation Instructions on reverse](#)

Appointment Details

Date: _____ Time: _____
 Clinic Location: _____

Locations

Hours of operation vary by examination



ALL EXAMINATIONS

Please bring your Health Care card and another piece of identification with this form.

Clinical History / Clinical Questions to be Answered

X-RAY Exams Requested:

Exam Requested

- MPI - Myocardial Perfusion/Function Imaging**
 - First Available
 - SPECT
 - PET (with absolute flow quantification and myocardial flow reserve)
- Cardiac Sarcoidosis Scan**
- Cardiac Amyloidosis Scan**
- Myocardial Viability Imaging**
 - Diabetic
 - Non-diabetic
- Echocardiogram**
- Exercise Stress Test (EST)**
- Exercise Stress Test (EST) for Driver's Medical** (not covered by AHC - payment required)

If the patient has had a previous exercise stress test, please attach a copy of the report

Cardiac History, Indication & Risk Factors *Must be filled in by practitioner*

Cardiac History

- Chest Pain (Typical/Atypical)
- Known CAD
- Post MI
- Post PTCA/Stent(s)
- Post CABG
- Pacemaker
- Aortic Stenosis
- CHF
- Other Valve Disease: _____

Indication for Examination

- Diagnosis
- Prognosis
- Assess Therapy
- Positive Stress Test, No Symptoms
- Left Bundle Branch Block
- Pre-Operative Assessment
- Typical Angina, Negative or Inconclusive Stress Test
- Prominent Risk Factors
- Unable to Exercise
- Other: _____

Risk Factors

- Smoking
- Diabetes
- Hypertension
- Family History
- Inactive Lifestyle
- Chronic Renal Failure
- Dyslipidemia

Pulmonary Medical History

- COPD** - Has the patient ever been on home oxygen therapy? Yes No
- Asthma** - Has the patient ever been hospitalized for asthma? Yes No

Current Medications *Bring a list of all current medications*

Height _____ Weight _____

Musculoskeletal Assessment

Is the patient able to perform an exercise stress test? Yes No

Stat Report Instructions

STAT fax report STAT verbal report to #: _____

Resting ECG Analysis

- Normal
- AFIB
- LBBB
- RBBB
- WPW
- Other _____

Relevant Previous Imaging

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Official Diagnostic Imaging Provider for:

Practitioner's Stamp & Practice ID





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.

For all Nuclear Medicine and PET CT Imaging

**If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.*

**Please inform your technologist prior to your injection if you are breastfeeding.*

MPI - Myocardial Perfusion Imaging - For both SPECT and PET CT

Your heart is imaged in two phases, once after stress (exercise or pharmacologic), once while resting, on one day for PET or two days for SPECT. Each appointment takes approximately 2 hours.

1. Do not consume any caffeine for 24 hrs prior to your stress test appointment

This includes such things as: coffee (*including decaffeinated coffees*), teas, colas and soda pops, energy drinks, chocolate, as well as other coffee/chocolate-flavoured foods such as candies, bars, pudding and ice cream; daytime/non-drowsy formulations of medications such as Tylenol 3, cough/cold/decongestant and allergy medications also frequently contain caffeine (check package label).

No erectile dysfunction medications (eg. *Viagra, Cialis*) 72 hours prior to your exam (*applies to both males and females*).

2. Do not eat or drink anything for 4 hours prior to exam

If you normally take medication in the morning, you may continue to do so with some water (*unless otherwise directed by your physician*).

3. Bring a list of your medications with dosages included

Continue to take all your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.

4. Diabetic Patients

Do not take your diabetic medications on the morning of your stress test. Bring your medications.

5. Asthmatic Patients

Bring your inhalers and medications.

6. Clothing

Please wear a comfortable pair of pants or shorts, and appropriate footwear to be worn on a treadmill. No one piece undergarments.

7. Food

Please feel free to bring a snack. There may be a waiting period between the stress test and scan.

Cardiac Amyloidosis Scan

Your heart is imaged in two phases on one day: once 1 hour after injection and then again 3 hours after injection.

Cardiac Viability Scan

- Do not eat and do not drink for 8 hours prior to exam.
- Only available for non-diabetic patients in the clinic.
- You may take your prescribed medication(s) as directed by your doctor before the procedure with sip(s) of water.
- The entire appointment may take about 2-3 hours.

Cardiac Sarcoidosis Scan

- Diet instructions will be provided by the Nuclear Medicine department.
- No intense exercise for 36 hours prior to the appointment time (e.g. jogging, strength training, aerobics etc.).
- 12 hours prior to exam: Complete fast - **no** gum, **no** cough drops or syrup, **no** caffeinated drinks, **no** flavored or fruit infused water.
- Plain water can be consumed during the 12 hour fast.

Exercise Stress Test - no imaging

Please wear a comfortable pair of pants or shorts, and appropriate footwear to be worn on a treadmill. No one piece undergarments.

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 & PET CT
(*Separate requisition available*)

MRI, CT & PET 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