



Name: _____

Address: _____

Phone Res: _____ Other: _____

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

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

ALL EXAMINATIONS

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

**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](#)

Locations- Hours of operation vary by examination ⌚ *Extended Hours available for X-ray*

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

Hys Medical Centre
202-11010 101 ST NW

Namao 160
209-15961 97 ST NW

⌚ **Tawa Centre**

200-3017 66 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**
109-501 Bethel DR

St. Albert

Grandin X-Ray (X-ray only)
1 St. Anne ST

**Sturgeon Medical
Women's Imaging**
110-625 St. Albert Trail

⌚ **Summit Centre**
102-200 Boudreau RD

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

Exam Requested

- ☐ **MPI** - Myocardial Perfusion / Function Imaging

Location Date Time

- ☐ **Cardiac Amyloidosis Scan**

Location Date Time

- ☐ **Thallium Myocardial Viability Imaging**

Location Date Time

- ☐ **Echocardiogram**

Location Date Time

- ☐ **Exercise Stress Test (EST)**

Location Date Time

- ☐ **Exercise Stress Test (EST) for Driver's Medical**
(not covered by AHC - payment required)

Location Date Time

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

Current Medications *Bring a list of all current medications*

Height _____ Weight _____

Resting ECG Analysis

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

☐ **X-RAY** Exams Requested:

☐ **Musculoskeletal Assessment**

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

Stat Report Instructions

- ☐ STAT fax report ☐ STAT verbal report to #: _____

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.

MPI - Myocardial Perfusion Imaging - with or without Persantine (Dipyridamole)

**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.*

Your heart is imaged in two phases, on two separate days: once after stress (exercise), once while resting. Each appointment takes approximately 2-3 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, chocolate, Tylenol #1, #2, and #3 (*over the counter Tylenol products may be used*). If you are taking a prescription medication for pain relief, contact your pharmacist to ensure that it does not contain any caffeine.

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 after midnight before the test

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 will be a waiting period between the stress test and scan.

Cardiac Amyloidosis Scan

**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.*

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

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

Namoo 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
(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