


Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Res: \_\_\_\_\_ Other: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ mm/dd/yyyy Age: \_\_\_\_\_  Male  Female  
 PHN: \_\_\_\_\_ WCB (Y/N) Other: \_\_\_\_\_

**Appointment Details**  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Clinic Location: \_\_\_\_\_  
**Refer to Preparation Instructions on Reverse**

**\*ALL EXAMINATIONS\*** Please bring your Health Care card and another piece of identification with this form.

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

<b>Edmonton</b> <b>Allin Clinic</b> (X-ray only) B1-10155 120 ST NW 201-2377 111 ST NW	<b>Gateway Clinic</b> 107-6925 Gateway BLVD NW <b>Hys Medical Centre</b> 202-11010 101 ST NW <b>Namao 160</b> 209-15961 97 ST NW	<b>Tawa Centre</b> 200-3017 66 ST NW <b>Terra Losa</b> 9566 170 ST NW	<b>Windermere</b> 201-6103 Currents DR NW <b>Ft. Saskatchewan SouthPointe</b> 115-9332 Southfort DR	<b>Sherwood Park Synergy Wellness Centre</b> 501 Bethel DR 109-Main Clinic 145-Women's Imaging	<b>St. Albert</b> <b>Grandin X-Ray</b> (X-ray only) 1 St. Anne ST Summit Centre 102-200 Boudreau RD <b>Sturgeon Medical Women's Imaging</b> 110-625 St. Albert Trail
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**Significant Clinical History**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of L.M.P.: \_\_\_\_\_  
 Pregnant:  Yes  No  
 Patient's Signature: \_\_\_\_\_

**Stat Report Instructions**

STAT fax report  
 STAT verbal report to #: \_\_\_\_\_  
 Send copy of X-rays with the patient

**X-Ray** Exams Requested:

**Ultrasound** *Preparation required for exams marked with\**

<b>General</b> <input type="checkbox"/> Neck (Salivary glands / Lymph nodes) <input type="checkbox"/> Thyroid <input type="checkbox"/> Complete Abdomen* <input type="checkbox"/> add liver elastography (liver fibrosis)* <input type="checkbox"/> HCC Screening Program <input type="checkbox"/> add liver elastography (liver fibrosis)* <input type="checkbox"/> AAA Screen* <input type="checkbox"/> Renal/Bladder* <input type="checkbox"/> Pelvis (Female/Male)* <b>Vascular</b> <input type="checkbox"/> Carotid <input type="checkbox"/> Echocardiogram Lower Extremity: <input type="checkbox"/> Venous Doppler (DVT) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle Brachial Index (ABI) <input type="checkbox"/> Varicose Vein Assessment <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other: _____	<b>General</b> <input type="checkbox"/> RLQ Compression (Appendix)* <input type="checkbox"/> Scrotal <input type="checkbox"/> Anal Sphincter (female only) <input type="checkbox"/> Soft Tissue Mass: _____ <input type="checkbox"/> Other: _____ <b>Obstetric</b> <input type="checkbox"/> Complete Obstetrical Series* <i>(early, NT &amp; detailed)</i> <input type="checkbox"/> Early Obstetric (< 12 wk)* <input type="checkbox"/> Nuchal Translucency Screening* <i>(11w3d to 14w0d)</i> <input type="checkbox"/> Detailed Fetal Anatomy (> 18 wk)* <input type="checkbox"/> add Uterine Artery Doppler <input type="checkbox"/> Obstetric (> 28 wks includes BPP)* <input type="checkbox"/> Twin Obstetric* <input type="checkbox"/> Other: _____
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**Musculoskeletal Ultrasound** – *May include X-ray.*


*(MRI is more appropriate for general joint assessment, non-specific pain, and internal derangement)*  
 Approximate date of Injury if acute: \_\_\_\_\_

<input type="checkbox"/> R <input type="checkbox"/> L Shoulder <input type="checkbox"/> R <input type="checkbox"/> L Elbow: <input type="checkbox"/> Distal Biceps <input type="checkbox"/> Triceps <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> R <input type="checkbox"/> L Wrist: <input type="checkbox"/> Dorsal <input type="checkbox"/> Volar <input type="checkbox"/> Radial <input type="checkbox"/> Ulnar <input type="checkbox"/> R <input type="checkbox"/> L Fingers: <input type="checkbox"/> Trigger finger <input type="checkbox"/> Ganglion <input type="checkbox"/> Capsular Ligaments (digit) _____ <input type="checkbox"/> R <input type="checkbox"/> L Hip: <input type="checkbox"/> Anterior <input type="checkbox"/> Lateral <input type="checkbox"/> Ischial (Hamstrings) Other: _____	<input type="checkbox"/> R <input type="checkbox"/> L Knee: <i>(MRI required for ACL/PCL, cartilage and menisci)</i> <input type="checkbox"/> R <input type="checkbox"/> L Baker's cyst <input type="checkbox"/> R <input type="checkbox"/> L Ankle: <input type="checkbox"/> Achilles <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Anterior <input type="checkbox"/> R <input type="checkbox"/> L Foot: <input type="checkbox"/> Plantar Fascia <input type="checkbox"/> Morton's Neuroma <input type="checkbox"/> R <input type="checkbox"/> L Lump/Mass/Muscle Injury: <i>(location)</i> _____ <input type="checkbox"/> R <input type="checkbox"/> L Synovitis: (joints) _____
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**Breast Imaging**

Screening Mammography and ABUS/  
 Supplemental Ultrasound if indicated  
 Screening Mammography  
 Breast Ultrasound  R  L  
 Axilla  R  L  
 Breast Biopsy

Diagnostic Mammography  
*(Provide History)*



**Gastrointestinal Imaging**

Esophagus  
 E, S & D (Esophagus, Stomach & Duodenum)  
 Small bowel follow through

**Whole Body Composition**

**Bone Densitometry**

Bone Densitometry  
 Thoracic and Lumbar Spine (Correlative x-rays)

**Pain Management**

Injection site: (eg. hip, facet, etc.) \_\_\_\_\_  
 Right  Left  Both  
**Blood Thinners?**  Yes  No  
*Alternately, please refer to our Pain Management Requisition.*

**Exercise Stress Test (EST)**

*(For EST exams, please use Cardiac Requisition)*

**Nuclear Medicine**

Bone Scan (15 min., return approx 2-3 hours later for 1 hour)  
 Gallium Scan (15 min., return 48-72 hours later for 1 hour)  
 Hepatobiliary Scan (HIDA) (approx 2 hours)  
 Meckel's Scan (approx. 1 hour)  
 Renal Imaging  Diuretic  Renovascular Hypertension

NM Arthrogram (for prosthesis loosening)  R  L  
 Site: \_\_\_\_\_ (eg. hip, knee)

**Please use Cardiac Requisition for these 3 exams:**  
 Myocardial Perfusion Imaging with Ejection Fraction (MPI)  
 Cardiac Amyloidosis Scan  
 Thallium Myocardial Viability Imaging

Practitioner's Name: \_\_\_\_\_  
 Practitioner's Address: \_\_\_\_\_  
 Clinic Ph: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_  
 Copy to: \_\_\_\_\_ Fax Copy: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Practitioner's Stamp  
& Practice ID

Official Diagnostic Imaging Provider for:



**\*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.

### Ultrasound

- **Abdomen, AAA Screen, Liver elastography** Nothing to eat or drink after midnight.

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- **Pelvic, Renal, Bladder, Nuchal Translucency Screening, or Obstetrical**  
(You may continue to eat)
 

1. Empty your bladder.	3. Finish drinking the full amount one hour prior to the examination.	4. Do not empty your bladder again prior to the examination.
2. Drink 1 litre of water.		

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- **Obstetric > 28 weeks includes BPP** (Please have a snack prior to the exam)
 

1. Empty your bladder.	3. Finish drinking the full amount one hour prior to the examination.	4. Do not empty your bladder again prior to the examination.
2. Drink 500ml of water.		

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- **Abdomen with Pelvic or RLQ (Appendix)**

1. Nothing to eat after midnight.	3. Finish drinking the full amount one hour prior to the examination.	4. Do not empty your bladder again prior to the examination.
2. The day of your exam, empty your bladder, then drink 1 litre of water.		

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- **Anal Sphincter** Exam is done to assess tears of the anal sphincter. Exam is performed both vaginally and perianal. No preparation required.

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

- **Esophagus, Stomach and Duodenum and/or Small Bowel**  
Do not eat or drink anything, including water, after midnight the night before your examination (if your exam is scheduled after 1:00 p.m., you may have 1 slice of dry toast and 1 cup of clear liquid prior to 7:30 a.m.).  
Small bowel - Time for examination varies, but may take as long as 4 hours.

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

Do not use perfume, deodorant, antiperspirant or talcum before the examination. If you experience premenstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two piece outfit. At the time of booking, you will be asked where your previous mammogram was done.

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

Exam	Preparation	Approximate Exam Time
Gallium Scan	No preparation prior to injection. Involves 2 separate visits: ○ The first for injection ○ Two days later for images, which takes 1 hour.	15 minutes, return 48 - 72 hours later for 1 hour
Hepatobiliary Scan (HIDA)	Nothing to eat or drink after midnight	2 hours
Meckel's Scan	Starting at 8:00am the <u>day prior</u> to exam take oral Pepcid AC 20 mg (famotidine). A second 20 mg dose should be taken the evening before the exam, and a third 20mg dose taken on the morning of the test with a small sip of water, 1 hour prior to imaging. Total 3 doses. Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic)	Drink 1 liter of fluid 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Renovascular Hypertension)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 1 liter of fluid 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own practitioner.	1 hour
Cardiac Examinations	Refer to preparation instructions on Cardiac Requisition.	

## 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**

(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