

GENERAL IMAGING REQUISITION FORM

APPT DATE AND TIME

Patient & Appointment Information

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Home Phone _____ OtherPhone _____
 DOB DD/MM/YY Male Female Weight _____ [lbs /kg]
 AHC# _____ WCB# /Accident Date _____ DD/MM/YY
 Appt. Date _____ Time _____

Physician PRAC ID:

Referring Physician _____
 Clinic _____
 Phone _____
 Fax _____
 Copy to Dr. _____
 Signature _____
 Date _____

DIAGNOSTIC SERVICES

X-ray (Walk-in basis)

No appointment required

X-ray: Specify area _____

Pregnant: Y N

LMP: _____

General Ultrasound

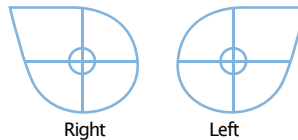
- Routine Abdomen
- Appendix
- Abdomen & Pelvis
- Kidneys, Ureters, & Bladder + Prostate (male)
- Kidneys, Ureters, & Bladder (female)
- Pelvis (female)
- Hernia Groin R L
- Abdominal Wall Umbilical
- Thyroid _____
- Neck (salivary glands, lymphnodes, mass) _____
- Scrotum _____
- Soft Tissue Mass: Specify _____
- Other: Specify _____

Echocardiogram

Specify indications _____

Mammography

- Screening Mammography
- Diagnostic Mammography R L



MSK Ultrasound

X-ray may be required prior to exam

- Shoulder R L
- Elbow R L
- Wrist R L
- Carpal Tunnel R L
- Hand R L
- Hip R L
- Knee (includes Baker's Cyst) R L
- Ankle R L
- Achilles Tendon R L
- Foot R L
- Plantar Fascia R L
- Other: _____

Vascular Ultrasound

- Carotids Doppler
- Venous Doppler Lower Extrem R L
- Arterial Doppler Lower Extrem
- Ankle-Brachial Index (ABI)
- Other: _____

Bone Mineral Densitometry (BMD)

- Bone Mass Densitometry
- Correlative T&L Spine X-Ray
- Total Body Composition (Patient Pay)

Pain Management

(Includes X-ray of area if needed)

Pain Management Injection R L

Specify Injection Area or use Pain Management Req _____

Obstetrical Ultrasound

- Obstetrical Series (early, nuchal, and detailed)
- Early Obstetric (dating/viability)
- Detailed Anatomy (~18-20weeks)
- BPP/Biophysical Profile (28+weeks)
- Routine Obstetric
- Other: _____

Pediatric Ultrasound

- Abdomen
- Appendix
- Pelvis
- Renal (kidney/bladder)
- Scrotum/Testicles
- Thyroid
- Neck (includes salivary glands)
- Other: _____

SIGNIFICANT HISTORY & DIAGNOSIS

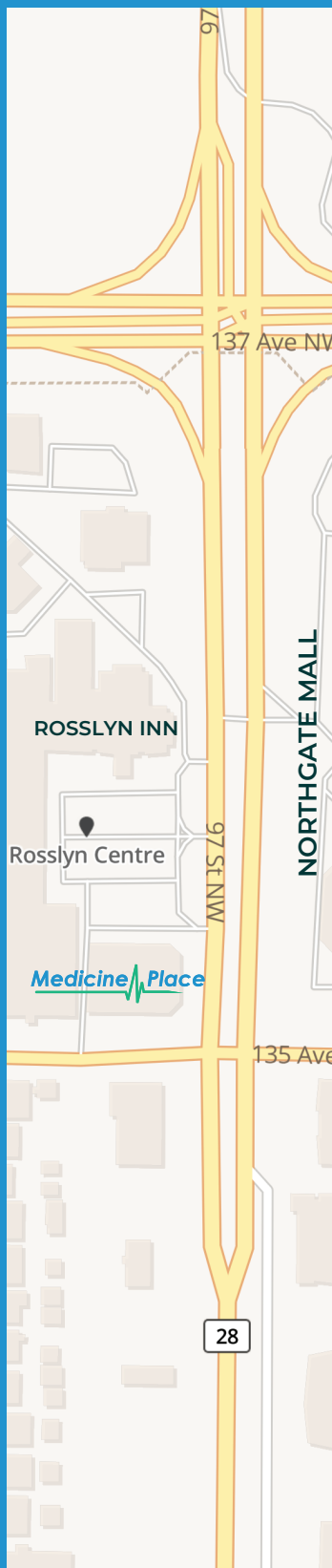
STAT REPORT OPTIONS

Requisitions for non-medical emergencies can be faxed over to the location of your choice. We will contact your patient to book an appointment.

STAT Fax: _____

Stat Verbal Report (specify phone number): _____

*reports and images also available on Netcare



13514 - 97 St NW
Edmonton, AB T5E4E2
Phone: 780-628-6600
Fax: 780-628-6601

Patient Instructions

- Please bring this requisition form and a valid Alberta Health Card to your exam.
- Arrive 15 minutes prior to your appointment. Please phone us if you are unable to keep your appointment.
- Do not bring children who require supervision.
- Kindly advise us of any limitation of mobility prior to your exam.

INSTRUCTIONS FOR X-RAY

For X-rays, an appointment is not required. We are closed for lunch from 12:00 pm to 1:00 pm.
Please arrive 30 minutes prior to closing time in order to ensure your x-ray can be completed.

INSTRUCTIONS FOR ULTRASOUND

□ ABDOMEN

This exam requires that you do not eat, drink, chew gum or smoke 6 hours prior to your exam time.

□ ABDOMEN AND PELVIS COMBINED/ KIDNEYS AND BLADDER

This exam requires a 6 hour fasting period and a Full bladder. Do not eat, chew gum, or smoke 6 hours prior to your appointment time. Please drink and finish 1L (32oz.) of water 1 hour prior to your appointment time. Do not your empty bladder.

□ PELVIS/ BLADDER/ OBSTETRIC UNDER 30 WEEKS

This exam requires a full bladder. Please drink and finish 1L (32oz.) of water 1 hour prior to your examination. You may eat your regular meals and/or snack prior to the exam.

□ PREGNANCY 30 WEEKS AND OVER OR BIOPHYSICAL PROFILE

This exam requires a partially full bladder. Please drink and finish 500ml (16oz.) of water 1 hour prior to your exam time. Do not empty bladder. Eat regular meals and/or have a snack 30 minutes prior to your exam.

INSTRUCTIONS FOR PEDIATRIC ULTRASOUND

□ ABDOMEN

For infants and children: No food or milk 3 hours prior to exam.
Clear fluids are allowed, no pop.

□ COMBINED ABDOMEN AND PELVIS

For infants and children 0-2 years: No food or milk 3 hours prior to your exam.
Water or juice 1-2 hours prior to the exam is useful to fill the bladder.

For children 2 years and older: Do not eat for 6 hours prior to your appointment.
Please drink and finish 2-3 glasses of water or juice (8 oz each) 1-2 hours prior to your appointment.
Do not empty bladder.

□ KIDNEY AND BLADDER

Fasting is not required. For infants and children who are not toilet trained, no preparation is required. Water or juice 1-2 hours prior to the exam is useful to fill the bladder.

For children who are trained a full bladder is required for this examination.
Please drink and finish 2-3 glasses of water or juice (8 oz each) 1-2 hours prior to your appointment. Do not empty bladder.

□ NECK/ THYROID/ TESTICLES/ SCROTUM

No preparation is required.

□ PEDIATRIC PYLORUS

Nothing by mouth for 3 hours prior to your appointment. Please bring a bottle of formula, breast milk, or sterile water as it may be required for the exam.