

# GENERAL IMAGING REQUISITION FORM

APPT DATE AND TIME

## Patient & Appointment Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

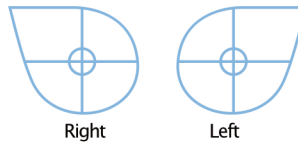
- Routine Abdomen
- Appendix
- Abdomen & Pelvis
- Kidneys, Ureters, & Bladder + Prostate (male)
- Kidneys, Ureters, & Bladder (female)
- Pelvis (female/male)
- Hernia  Groin  R  L
- Abdominal Wall  Umbilical
- AAA Screening
- Thyroid \_\_\_\_\_
- Neck (salivary glands, lymphnodes, mass) \_\_\_\_\_
- Scrotum \_\_\_\_\_
- Soft Tissue Mass: Specify \_\_\_\_\_
- Breast & Axilla  R  L
- 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
- Scapula  R  L
- Bicep or Tricep  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 Upper Extrem  R  L
- Venous Doppler Lower Extrem  R  L
- Arterial Doppler Lower Extrem
- Ankle-Brachial Index (ABI)
- Varicose Vein Pre-Assessment
- Varicose Vein Post-EVLA  R  L
- 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)
- Nuchal Translucency (~11-13weeks)
- Detailed Anatomy (~18-20weeks)
- BPP/Biophysical Profile (28+weeks)
- Routine Obstetric
- Twin Obstetrics
- Other: \_\_\_\_\_

### Pediatric Ultrasound

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

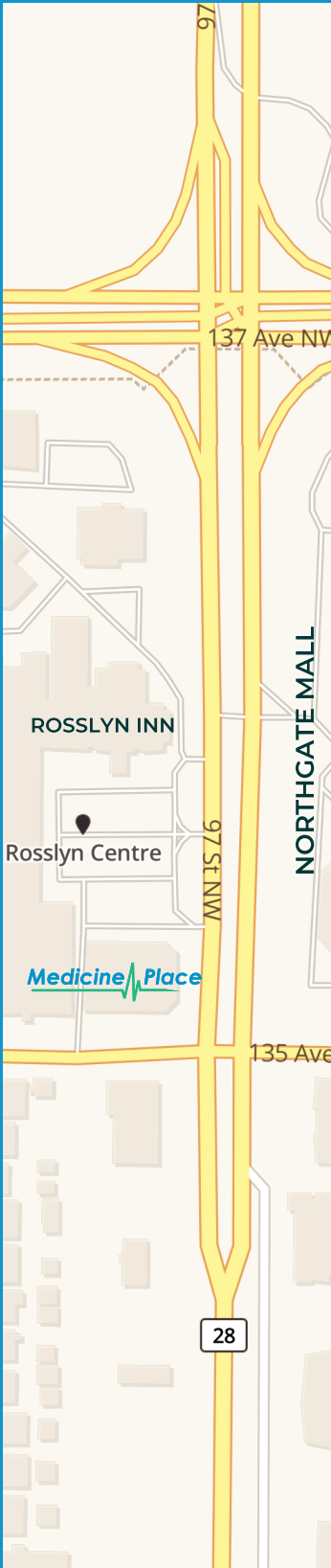
## SIGNIFICANT HISTORY & DIAGNOSIS

## 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.

- Urgent Report Requested
- STAT Fax: \_\_\_\_\_
- Stat Verbal Report (specify phone number): \_\_\_\_\_

\*reports and images also available on Netcare



### 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 empty your 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.



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