

## PATIENT & APPOINTMENT INFORMATION

Place patient label here.

Date of Request: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

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

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

Primary Phone: \_\_\_\_\_

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

Date of Birth: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

AHC or WCB #: \_\_\_\_\_

## PATIENT HISTORY

## DIAGNOSTIC SERVICES

\*\*\*Please see important patient instructions on reverse\*\*\*

### X-Ray Exam Requested

No appointment necessary for X-Ray. Walk in at any of our clinic locations.

### Mammography & Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
- Diagnostic Breast Ultrasound  R  L
- Screening Breast Ultrasound if Dense Breast
- Axilla Only  R  L

### Bone Densitometry

- Bone Mineral Densitometry

### Intervention/Biopsies/FNA

PLEASE FAX THIS REQUISITION TO ANY OF OUR CLINICS

- Breast Biopsy  R  L
- Thyroid Biopsy  R  L
- FNA (specify side and site):  R  L

- Patient is on blood thinners.  
Type: \_\_\_\_\_

### Pain Management Injections

PLEASE FAX THIS REQUISITION TO ANY OF OUR CLINICS

- Shoulder  R  L
- Elbow  R  L
- Wrist  R  L
- Hip  R  L
- Knee  R  L
- Ankle  R  L
- Other: \_\_\_\_\_

### Adult/Pediatric General Ultrasound

- Complete Abdomen
- Pelvis
- Abdomen & Pelvis
- Renal (Kidneys & Bladder)
- Hernia  Abdominal  Inguinal
- Scrotum/Testes
- Thyroid
- Neck
- Other: \_\_\_\_\_

### Vascular Ultrasound

- Carotid Doppler
- Venous Doppler (Arm)  R  L
- Venous Doppler (Leg)  R  L
- Leg Arterial Doppler with ABI
- Renal Artery Stenosis (Renal Doppler)
- Liver Doppler
- Other: \_\_\_\_\_

### Musculoskeletal Ultrasound

- Shoulder  R  L
- Elbow  R  L
- Wrist  R  L
- Hip  R  L
- Knee (including Bakers Cyst)  R  L
- Ankle  R  L
- Foot  R  L
- Achilles  R  L
- Plantar Fascia  R  L
- Lump/Mass  R  L
- Other: \_\_\_\_\_

### Obstetrical Ultrasound

To book exams throughout this pregnancy, please check all that apply.

#### 1st Trimester

- Dating/Viability: \_\_\_\_\_
- Nuchal Translucency (GA 11-13 6/7 weeks)
- Other: \_\_\_\_\_

#### 2nd Trimester

- Detailed exam >18 weeks
- Other: \_\_\_\_\_

#### 3rd Trimester

- Biophysical Profile:
- Other: \_\_\_\_\_

### Specialty Pediatric Ultrasound

For more detailed options, please see our Pediatric Requisition Form.

- Bilateral Hips (< 6 months adjusted age)
- Cranial (Fontanelle must be open)
- Spine (< 6 months adjusted age)
- Pylorus
- Joint(s) (for effusions): \_\_\_\_\_
- Joint(s) (other indications): \_\_\_\_\_

### Did You Know?

Pureform & PureKids Radiology specializes in  
Women's Health and Pediatrics.

We are the **same team of doctors**  
you would see at the  
Alberta Children's Hospital.

## REFERRING PRACTITIONER INFORMATION

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

Practitioner's ID/Stamp: \_\_\_\_\_

Copy to: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

STAT Phone Report  STAT Fax Report

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Send images with patient (CD copy)

## General Patient Instructions

1. Please bring your Alberta Health Card along with this Requisition Form to your appointment.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin for certain procedures with their physician. If instructions require fasting or clear liquid diet, diabetics should request early morning appointments.
3. Please do not bring children who require supervision.
4. Please arrive FIFTEEN (15) minutes early for your appointment. Patients who do not arrive on time may be required to re-schedule their appointment or procedure, as per our Late Patient Policy.
5. Please call if you are unable to keep your scheduled appointment at (403) 726-9729.
6. Please advise us of any mobility limitations prior to your scheduled appointment.
7. Please refrain from wearing fragrances (perfume, cologne, etc.), as other patients may be sensitive to scent.

Please review and follow these essential instructions carefully to ensure your exam can be performed.  
Please note that improper patient preparation may required your exam to be re-booked.

## General Preparation Instructions

### BONE DENSITY:

No specific preparation is required on the day of your exam. For your comfort, please avoid wearing any clothing that may have any metal, snaps, buckles or zippers as these can interfere with your Bone Density exam.

### MAMMOGRAPHY:

You are free to bathe normally on the day of your appointment, but please do not use deodorant, antiperspirant, oily lotion or talcum powder as these may interfere with the images obtained.

### ADULT ULTRASOUND:

**COMPLETE ABDOMEN or RENAL ARTERY STENOSIS:** This exam requires that you do not eat or drink 6 hours prior to your appointment. Clear fluids to take medication are allowed.

**COMBINED ABDOMEN AND PELVIS:** This exam requires a full bladder. This exam requires that you do not eat 6 hours prior to your appointment. Clear non-carbonated fluids are allowed, but please avoid milk or cream. 1.5 hours prior to your appointment please drink 1 litre of water. Finish drinking all the water 1 hour prior to your appointment. Please do not empty your bladder prior to your appointment.

**PELVIS or RENAL (including KIDNEYS & BLADDER or EARLY OBSTETRIC or NUCHAL TRANSLUCENCY or DETAILED OBSTETRIC):** This exam requires a full bladder in order to complete the exam. 1.5 hours prior to your appointment please drink 1 litre of water. Finish drinking all the water 1 hour prior to your appointment. Please do not empty your bladder. You may eat your regular meals or snack prior to your appointment.

**BIOPHYSICAL PROFILE or PREGNANCY 28-WEEKS AND OVER:**  
Please have a snack 30 - 45 minutes prior to your appointment.

## Pediatric Preparation Instructions

### ABDOMEN:

For infants and children 0-2 years: No food or milk 3 hours prior to exam.  
For children 2 years and older: Do not eat or drink for 6 hours prior to appointment. Clear, non-carbonated fluids are allowed. No milk, pop or chewing gum, please.

### COMBINED ABDOMEN & PELVIS:

For infants and children 0-2 years: No food or milk 3 hours prior to exam. Water or clear juice 1-2 hours prior the exam is useful to fill the bladder.  
For children 2 years and older: Do not eat or drink for 6 hours prior to your appointment. Please drink and finish 2-3 glasses of water or clear juice (8 oz each) 1-2 hours prior to your appointment. Do not empty your bladder. No milk, pop or chewing gum, please.

### RENAL (including KIDNEYS & BLADDER):

Fasting is not required. For infants and children who are not toilet trained, no preparation is required. Water or clear juice 1-2 hours prior to the exam is useful to fill the bladder. For children who are toilet trained, a full bladder is required for this examination. Please drink and finish 2-3 glasses of water or clear juice (8 oz each) 1-2 hours prior to your appointment. Do not empty bladder.

### NECK/THYROID/SPINE/HIPS/CRANIAL/TESTICLES/SCROTUM/INGUINAL/ JOINTS/GROIN:

No preparation is required.

### PEDIATRIC PYLORUS:

Nothing by mouth for 3 hours prior to your appointment. Please bring a bottle of clear fluids to your appointment (water, sugar water, or sterile water - no carbonated beverages) as it will be required for the exam. If infant is breastfed, breast milk in a bottle is acceptable.

## LOCATIONS

All 3 of our locations offer Ultrasound, X-Ray, Bone Density, Mammography and Interventional Care.  
X-Ray is available on a walk-in basis at all of our clinics with no appointment necessary.

### CALGARY SOUTHEAST CLINIC

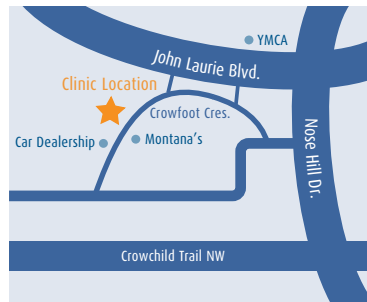
South Trail Location  
519, 4916 - 130 Avenue SE  
Calgary, Alberta T2Z 0G4



Monday - Friday 8AM - 5PM  
Open Saturday 9AM - 3PM

### CALGARY NORTHWEST CLINIC

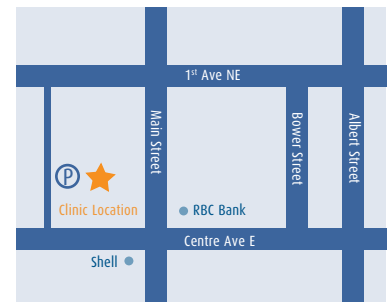
Crowfoot Location  
350, 600 Crowfoot Cres NW  
Calgary, Alberta T3G 0B4



Monday - Friday 8AM - 4PM

### AIRDRIE CLINIC

20, 105 Main Street N  
Airdrie, Alberta T4B 0R3  
Located across from Royal Bank



Monday - Friday 8AM - 4PM  
Open Saturday 9AM - 3PM