



PATIENT & APPOINTMENT INFORMATION

APPOINTMENT DATE

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

Name: _____ Sex: _____ Date of Birth: D / M / Y AHC or WCB #: _____ Phone: _____

Address: _____ City: _____ Province: _____ Postal Code: _____ Date of Request: D / M / Y

X-Ray Examination (Walk in only)

No appointment necessary for x-ray, all other exams require appointment.

PATIENT HISTORY

STAT FAX

IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

Breast Imaging

- Complete Breast Evaluation
Mammography and Ultrasound if indicated by high breast density
Screening Mammography with Tomosynthesis
Diagnostic Mammography with Tomosynthesis
Breast and Axilla Ultrasound
Axilla Only

Intervention/Biopsies/FNA

PLEASE FAX THIS REQUISITION TO ANY OF OUR CLINICS

- Breast Biopsy
Thyroid Biopsy
FNA (specify side and site):
Patient is on blood thinners.

Adult/Pediatric General Ultrasound

- Abdomen
Pelvis
Liver Elastography
Renal (Kidneys & Bladder)
Appendix
Groin
Abdominal Wall
Scrotum/Testes
Thyroid
Neck (salivary glands, lymph nodes)
Other:

Vascular Ultrasound

- Carotid
Venous Doppler (Arm)
Venous Doppler (Leg)
Arterial Arms
Leg Arterial Doppler with ABI
Renal Doppler
Liver Doppler
Other:

Musculoskeletal Ultrasound

- Shoulder
Elbow
Wrist
Hand or Finger
Hip
Knee
Ankle
Achilles
Foot or Toe
Plantar Fascia
Muscle/Tendon:

Bone Densitometry

- Bone Mineral Densitometry*

Obstetrical Ultrasound

- To book exams throughout this pregnancy, please check all that apply.
Complete Obstetrical Evaluation
1st Trimester
2nd Trimester
3rd Trimester



Specialty Pediatric Ultrasound

- Bilateral Hips
Cranial
Spine
Pylorus
Joint(s) for effusions:

Pain Management Injections

- Ultrasound Guided Therapy
Please refer to our Pain Management Injection requisition at MyPureform.com

REFERRING PRACTITIONER INFORMATION

please refer to the new guidelines at Mypureform.com

Name: _____

Practitioner's ID/Stamp: _____

Copy to: _____

Phone: _____ Fax: _____

Address: _____

Stat Phone Report: _____

Signature: _____

- Send images with patient (CD copy)

General Patient Instructions

1. Please bring your Alberta Health Card along with your requisition form to your appointment.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician.
3. Please bring an adult to supervise children.
4. Kindly arrive 15 min before your appointment & call (24 hours prior) if you are unable to keep your appointment at (403) 726-9729.
5. Please advise us of any mobility limitations and/or any preference of female/male technologist
6. Please avoid the use of fragrances as other patients may be sensitive.

General Preparation Instructions

Please note, exam preparation is essential in order to complete your exam

ABDOMEN/LIVER ELASTOGRAPHY/RENAL DOPPLER

This exam requires that you do not eat, drink, smoke or chew gum for six hours prior to your exam. Small sips of water to take prescribed medications is fine.

For infants and children 0-2 years: No food or drink 3 hours prior to exam.

PELVIS/BLADDER/RENAL/OBSTETRICAL UNDER 30 WEEKS

Drink one litre of water (32oz) 1.5 hours prior to your exam. Finish all water 1 hour before your appointment. Do not empty bladder. You may eat your regular meals and snacks.

For infants and children who are not toilet trained, no preparation is required. Water or clear juice is useful to fill the bladder. For children who are toilet trained, a full bladder is required. Please drink 16oz of water or clear juice 1-2 hours before exam. Do not empty bladder.

COMBINED ABDOMEN WITH PELVIS/RENAL

This exam requires that you do not eat, chew gum or smoke for 6 hours before your exam, and as well have a full bladder. Please drink 1 litre of water (32oz) 1.5 hours prior to your exam. Finish all water 1 hour before your appointment. Do not empty bladder.

For infants and children 0-2 years: No food or milk 3 hours prior to exam. Water or clear juice 1-2 prior to the exam is useful to fill the bladder. For children 2 and over: Do not eat or drink 6 hours prior to exam. Drink 16oz of water 1-2 hours prior to exam.

OBSTETRICAL OVER 30 WEEKS/BPP

Please have a snack 30-45 min prior to your appointment.

MAMMOGRAPHY

Please do not use deodorant, antiperspirant, powder or lotion as it can interfere with the images. If tenderness is an issue, please avoid caffeine for 24-48 hours before your appointment. For comfort, you may also wish to delay booking this exam until any premenstrual breast tenderness goes away. We strongly recommend that you wear a two-piece outfit for this exam.

BONE DENSITOMETRY

No preparation necessary. Where possible please wear clothes with no metal (zippers, snaps, etc). If this is not possible a gown will be provided for your exam.

X-RAY EXAMS

X-Ray exams are provided on a walk-in basis. No appointment necessary. Please note there may be longer wait times from 11:45-12:30 due to the lunch hour.

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) as it will be required for the exam. If infant is breastfed, breast milk in a bottle is acceptable.

If exam is not mentioned, no preparation is required.

X-Ray is available on a walk-in basis at all of our clinics with no appointment necessary.

All Appointments: (403) 726-9729
www.MyPureform.com

CALGARY SOUTHEAST South Trail Location



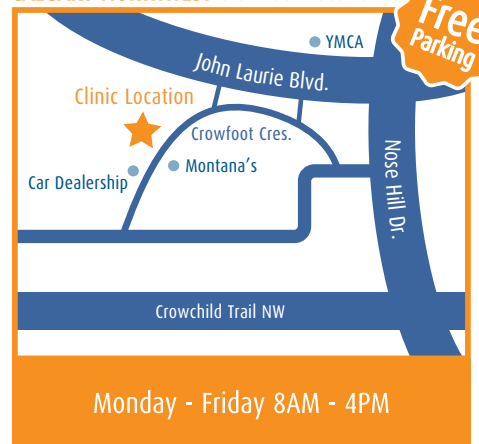
519, 4916 - 130 Avenue SE

AIRDRIE Across from Royal Bank



20, 105 Main Street N

CALGARY NORTHWEST Crowfoot Location



350, 600 Crowfoot Cres NW

CALGARY CENTRAL Macleod Location



200, 3916 Macleod Trail SE