



PATIENT & APPOINTMENT INFORMATION

APPOINTMENT DATE

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

Name: _____ AHC/WCB #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

☐ Female ☐ Male ☐ Undisclosed Date of Birth: **D / M / Y** Phone: _____ Other Phone: _____

PATIENT HISTORY

☐ Stat Fax

☐ Stat Phone: _____

(Direct line/cell phone please)

Please provide as much detail as possible to allow us to provide the best care for the patient. Thank you.

Adult/Pediatric General Ultrasound

- ☐ Abdomen
☐ AAA Screening Only
☐ Liver Elastography (at Southtrail & Crowfoot)
☐ Pelvis ☐ Include kidneys
☐ Renal (Kidneys & Bladder)
☐ Thyroid
☐ Translabial (prolapse, incontinence, cystocele, or rectocele)
☐ Appendix
☐ Groin ☐ Inguinal Hernia ☐ Other indication
Inguinal hernia exams can only be ordered by a specialist or for a pediatric patient
☐ Abdominal Wall
☐ Scrotum/Testes
☐ Neck (salivary glands, lymph nodes)
☐ Lump/Soft Tissue
☐ Other: _____

Musculoskeletal Ultrasound

Include
X-Ray

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Shoulder (Includes Rotator Cuff) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist (Includes Carpal Tunnel) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Hand or Finger | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Hip | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Knee (Includes Baker's Cyst) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Achilles | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Foot or Toe | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Plantar Fascia | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> |
| <input type="checkbox"/> Muscle/Tendon: _____ | | |
| <input type="checkbox"/> Ganglion: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Obstetrical Ultrasound

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

Date of last menstrual period: _____

- ☐ Complete Obstetrical Evaluation (Dating, Nuchal, Detailed)
☐ Include Cervical Length Screening (16-24 weeks)

1st Trimester

- ☐ Dating/Viability: _____

- ☐ Nuchal Translucency (11w 6d - 13w 6d)

2nd Trimester

- ☐ Detailed exam >18 weeks

3rd Trimester

- ☐ Biophysical Profile:
☐ OBS - Limited (Biometry, placenta, position, heart-rate)
☐ Other: _____

Vascular Ultrasound

- ☐ Carotid
(Including vertebral and subclavian arteries and Intima Media Thickness)
☐ Venous Doppler (Arm) ☐ R ☐ L
☐ Venous Doppler (Leg) ☐ R ☐ L
☐ Renal Doppler
☐ Temporal Artery Doppler
☐ Liver Doppler

Peripheral Arterial Screening:

- ☐ ABI (Ankle Brachial Index only)
☐ Lower Extremity Duplex with ABI
☐ Upper Extremity Duplex
☐ Other: _____

Bone Densitometry

- ☐ Bone Mineral Densitometry *Must meet guideline criteria
(Only available at South Trail and Airdrie locations)

X-Ray Examination (Walk in only)

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

IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

Breast Imaging

- ☐ Complete Breast Evaluation
Includes mammography and breast ultrasound if indicated by breast density score. Ultrasound only added if Volpara C or D.
☐ Screening Mammography with Tomosynthesis
☐ Diagnostic Mammography with Tomosynthesis
☐ R ☐ L ☐ Bilateral
☐ Diagnostic Breast & Axilla Ultrasound
☐ R ☐ L ☐ Bilateral
☐ Axilla Only ☐ R ☐ L ☐ Bilateral

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: _____

PURE kids

Specialty Pediatric Ultrasound

- ☐ Bilateral Hips
(< 6 months adjusted age. If over 6 months an x-ray may be required)
☐ Cranial (Fontanelle must be open)
☐ Spine (< 6 months adjusted age)
☐ Pylorus (< 6 months)
☐ Joint(s) for effusions: _____

Pain Management Injections

Please refer to our specialized Pain Management requisition.

REFERRING PRACTITIONER INFORMATION

Please List ALL Applicable Information Below

Referring Physician: _____

Practitioner's ID/Stamp: _____

Clinic: _____

Address: _____

Phone: _____ Fax: _____

Copy to: _____ Copy to fax: _____

☐ Send images with patient (CD copy) Date of Request: **D / M / Y**

Signature: _____

IMPORTANT PATIENT INSTRUCTIONS

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. If you are late for your appointment, your exam may have to be rescheduled.
6. Please advise us of any mobility limitations and/or any preference of female/male technologist
7. 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 less than three years: No food or liquids 3 hours before your appointment.

Children 3 and over: No food or liquids 6 hours before your appointment.

PELVIS/BLADDER/RENAL/OBSTETRICAL UNDER 30 WEEKS

Drink one litre of water 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.

Fasting **NOT** required. Infants and children who are not toilet trained, no preparation is required.

Children who are toilet trained a full bladder is required for this examination.

Children less than 3 years old: No preparation required.

For children 3-10 years: Please drink and finish two 8oz glasses of water/clear juice one hour before your appointment.

For children 11-13 years: Please drink and finish three 8oz glasses of water/clear juice one hour before your appointment.

Children 14 years and older: Please drink and finish four 8oz glasses of water one hour before your appointment.

COMBINED ABDOMEN WITH PELVIS/RENAL

This exam requires that you do not eat or drink for 6 hours before your exam except, please drink 1 litre of water 1.5 hours prior to your exam. Finish all water 1 hour before your appointment. Do not empty bladder.

For infants and children **less than 3 years** no food or milk three hours prior to exam.

Children 3-10 years: No food or milk six hours before your exam. However, you must drink and finish two 8oz glasses of water/clear juice one hour before your appointment.

Children 11-13 years: No food or milk six hours prior to exam. However, you must drink and finish three 8oz glasses of water/clear juice an hour before your appointment.

Children 14 years and older: No food or milk six hours prior to exam. However, you must drink and finish four 8oz glasses of water an hour before your appointment.

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.

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 11:30-12:30 due to the lunch hour. Additionally, our Crowfoot and Macleod locations both close for X-Ray over the lunch hour.

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

CALGARY SOUTHEAST South Trail Location



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

519 - 4916 130 Avenue SE T2Z 0G4

AIRDRIE Across from Royal Bank



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

20 - 105 Main Street N T4B 0R3

CALGARY NORTHWEST Crowfoot Location



Monday - Friday 8AM - 4PM
X-Ray Closed From 11:30AM - 12:30PM

350 - 600 Crowfoot Cres NW T3G 0B4

CALGARY CENTRAL Macleod Location



Monday - Friday 8AM - 4PM
X-Ray Closed From 11:30AM - 12:30PM

200 - 3916 Macleod Trail SE T2G 2R5