



PATIENT & APPOINTMENT INFORMATION

APPOINTMENT DATE

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

Name: \_\_\_\_\_ AHC/WCB #: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Gender: \_\_\_\_\_ Date of Birth: D / M / Y Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

X-Ray Examination (Walk in only)

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

PATIENT HISTORY

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

IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

Breast Imaging

Complete Breast Evaluation
Screening Mammography with Tomosynthesis\*
Diagnostic Mammography with Tomosynthesis\*
Breast and Axilla Ultrasound
Axilla Only

Intervention/Biopsies/FNA

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

Adult/Pediatric General Ultrasound

Abdomen
AAA Screening Only
Pelvis
Liver Elastography
Renal (Kidneys & Bladder)
Appendix
Groin
Abdominal Wall
Scrotum/Testes
Thyroid
Neck (salivary glands, lymph nodes)
Lump/Soft Tissue

Vascular Ultrasound

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

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

Complete Obstetrical Evaluation
1st Trimester
2nd Trimester
3rd Trimester

PURE kids

Specialty Pediatric Ultrasound

Bilateral Hips
Cranial
Spine
Pylorus
Joint(s) for effusions

Pain Management Injections

Please refer to our specialized Pain Management requisition.

REFERRING PRACTITIONER INFORMATION

Can only be ordered by a specialist or for a pediatric patient

Name: \_\_\_\_\_
Copy to: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Address: \_\_\_\_\_
Send images with patient (CD copy) Date of Request: D / M / Y

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

## 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 0-2 years: No food or liquids 3 hours prior to exam. For children 2+ years: No food or liquids for 6 hours. No milk or carbonated beverages.

### 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.

For infants and children who are not toilet trained, no preparation is required. For children who are toilet trained, a full bladder is required. Please drink 2-3 cups of water or clear juice 1.5 hours prior to exam. Finish all water/clear juice 1 hour before exam. Do not empty bladder.

### 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 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 your appointment except please drink 2-3 cups of water or clear juice 1.5 hours prior to exam. Finish all water/clear juice 1 hour before exam. Do not empty bladder.

### 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 11:45-12:30 due to the lunch hour.

### CALGARY SOUTHEAST South Trail Location



Free Parking

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

519 - 4916 130 Avenue SE T2Z 0G4

### AIRDRIE Across from Royal Bank



Free Parking

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

20 - 105 Main Street N T4B 0R3

### CALGARY NORTHWEST Crowfoot Location



Free Parking

Monday - Friday 8AM - 4PM

350 - 600 Crowfoot Cres NW T3G 0B4

### CALGARY CENTRAL Macleod Location



Free Parking

Monday - Friday 8AM - 4PM

200 - 3916 Macleod Trail SE T2G 2R5