



## 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 us with as much detail as possible so we can provide the best care for the patient. Thank you.

## X-Ray Examination (Walk in only)

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

## IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

### Pediatric Ultrasound

- ☐ Complete Abdomen  
☐ Pelvis  
☐ Liver Elastography (Not available at Macleod or Airdrie)  
☐ Renal (Kidneys & Bladder)  
☐ Appendix  
☐ Groin ☐ R ☐ L  
☐ Inguinal Hernia ☐ Other Indication  
☐ Abdominal Wall  
☐ Scrotum/Testes  
☐ Thyroid  
☐ Neck  
☐ Lump/Soft Tissue  
☐ Other: \_\_\_\_\_

- ☐ Breast ☐ R ☐ L  
☐ 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 adjusted age)  
☐ Joint(s) (for effusions): \_\_\_\_\_  
☐ MSK: \_\_\_\_\_  
☐ Vascular: \_\_\_\_\_

### Bone Densitometry

- ☐ Bone Mineral Densitometry\*  
(Not available at Macleod or Crowfoot)  
\* Must meet guideline criteria



## REFERRING PRACTITIONER INFORMATION

Please List ALL Applicable Information Below

Referring Physician: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Copy to: \_\_\_\_\_ Copy to fax: \_\_\_\_\_  
☐ Send images with patient (CD copy) Date of Request: D / M / Y

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

## Pediatric 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 any other 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 any special instructions for your child
7. Please avoid the use of fragrances as other patients may be sensitive.

## Pediatric Preparation Instructions

**PLEASE NOTE, EXAM PREPARATION IS ESSENTIAL IN ORDER TO COMPLETE YOUR EXAM**

### ABDOMEN/LIVER ELASTOGRAPHY/RENAL DOPPLER

**Infants and children less than three years:** No food or liquids 3 hours before to appointment.

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

### COMBINED ABDOMEN AND PELVIS

**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 appointment.

### KIDNEYS AND BLADDER/PELVIS

Fasting is **NOT** required.

For 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 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.

### 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.

### 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.

### 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

**PLEASE REGISTER LICENSE PLATE  
AT PAY MACHINE BEFORE EXAM**



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

350 - 600 Crowfoot Cres NW T3G 0B4

### CALGARY CENTRAL Macleod Location

**PLEASE REGISTER LICENSE PLATE  
AT PAY MACHINE BEFORE EXAM**



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

200 - 3916 Macleod Trail SE T2G 2R5