



PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Name: \_\_\_\_\_ AHC/WCB #: \_\_\_\_\_ Pregnant? Y / N
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Female Male Undisclosed Date of Birth: D / M / Y Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ LMP: \_\_\_\_\_

PATIENT HISTORY

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

Stat Fax
Stat Phone: \_\_\_\_\_
(Direct line/cell phone please)

X-Ray Exams | Walk in only

Pain Management Injections

Please refer to our Pain Management requisition at MyPureform.com

Chiropractic Views

Spine images done weightbearing unless otherwise requested

C-Spine

AP/LAT/Odontoid
With Obliques
With Flexion/Extension
Other: \_\_\_\_\_

T-Spine

AP/Lat/L5-S1 Spot
With Obliques
Other: \_\_\_\_\_

Lumbopelvic AP + Lateral L-S Spine

With Obliques

Scoliosis (AP T-L spine views)

SI Joints (AP and obliques not weightbearing)

Pelvis

Pelvis and Bilateral Hips

Hip R L

Other X-ray/Specific Views: \_\_\_\_\_

Head & Neck

Skull
Facial Bones
Orbits
Sinuses
Nasal Bones
Mandible
T.M Joints
Mastoids
Adenoids

Spine & Pelvis

Cervical Spine
Thoracic Spine
Lumbosacral Spine
Sacrum
Coccyx
S.L Joints
Pelvis
Pelvis & Hips
Pelvis & S.I Joints
Pelvis & Hip R L

Scoliosis Series

Chest

Chest PA & Lateral
Sternum
Sternoclavicular Joints

Skeletal Survey

Upper Extremities

Shoulder R L
Clavicle R L
A.C Joints R L
Scapula R L
Humerus R L
Elbow R L
Forearm R L
Hand R L
Hand & Wrist R L
Wrist R L
Scaphoid R L
Finger(s): R L

Lower Extremities

Hip R L
Femur R L
Knee R L
Knees Bilateral (weight bearing)
Patella R L
Tunnel View R L
Ankle R L
Foot R L
Calcaneus R L
Toe(s): R L

Full Leg Length Imaging Pelvis to Ankles

Abdomen

K.U.B
Acute (3 Views)
Supine

\*Offering stitching software that enables imaging of the spine and total views from hip to ankle to help diagnose scoliosis and leg length discrepancy.

\*Available at South Trail and Crowfoot

Musculoskeletal Ultrasound

(Appointment Required)

Shoulder (Includes Rotator Cuff) R L
Elbow R L
Wrist (Includes Carpal Tunnel) R L
Hand or Finger R L
Hip R L
Knee (Includes Baker's Cyst) R L
Ankle R L
Achilles R L
Foot or Toe R L
Plantar Fascia R L
Muscle/Tendon: \_\_\_\_\_
Ganglion: \_\_\_\_\_

Other Ultrasound (Appointment Required)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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: \_\_\_\_\_

## General Patient Instructions

- 1) X-Rays are provided on a walk in basis. No Appointment necessary. Please note there may be longer wait times from 11:45-12:30
- 2) Please bring your Alberta Health Card along with your requisition form to your appointment.
- 3) Please bring an adult to supervise your children.
- 4) Please avoid the use of fragrances as other patients may be sensitive.
- 5) MSK Ultrasound and Pain Management require a booked appointment, please call (403) 726-9729
- 6) Please note you may have to change into a gown for your exam.

**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 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

**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