

General Requisition

Central Booking
780-669-2222

Toll Free
1-866-771-9446

Fax
780-930-1593

Toll Free Fax
1-855-930-1593

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-8PM, Sat-Sun: 9AM-4PM

Name: _____ **Appointment Details:**

Address: _____ Date: _____

Phone: _____ Date of Birth: _____ M F Time: _____

Insurance: _____ W.C.B.() Other: _____ Location: _____


X-Ray • All Sites	ECG	Fluoro	Pain Management
<input type="checkbox"/> X-ray requested:	<input type="checkbox"/> ECG	<input type="checkbox"/> E, S + D <input type="checkbox"/> Small Bowel FT	<input type="checkbox"/> Injection Site _____ <input type="checkbox"/> Repeat Number of Injections _____ Signature _____
<small>* no appointment needed for general x-ray or ECG</small>			

Ultrasound

General	Obstetrics	Small parts	Vascular
<input type="checkbox"/> Abdomen <input type="checkbox"/> Abd Wall <input type="checkbox"/> Renal <input type="checkbox"/> Pelvis <input type="checkbox"/> Bladder <input type="checkbox"/> Other _____	<input type="checkbox"/> Complete Series (early, nt, anatomy) <input type="checkbox"/> Routine Pregnancy <input type="checkbox"/> Nuchal Translucency (11-14 Wks) <input type="checkbox"/> BPP (>28 Wks) <input type="checkbox"/> Twins	<input type="checkbox"/> Breast - <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral <input type="checkbox"/> Neck <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotum <input type="checkbox"/> MSK-shoulder - <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> MSK-other joint _____ <input type="checkbox"/> Lump site _____	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Carotid <input type="checkbox"/> Peripheral Arterial <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Peripheral Venous (for DVT) <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R

Nuclear Medicine

<input type="checkbox"/> Bone Scan - (15 min-return 2-4 hours later for 30-60 min)	<input type="checkbox"/> Lung Scan (90 min)
<input type="checkbox"/> Cardiac Resting Gated Blood Pool Study (90 min)	<input type="checkbox"/> Thyroid Scan (45 min)
<input type="checkbox"/> Gallium Scan (2 separate days)	<input type="checkbox"/> Parathyroid Scan (30 min-return in 2 hrs for 30 min)
<input type="checkbox"/> HIDA (Hepatobiliary) + GBEF (2-4 hours)	<input type="checkbox"/> Renal Study: <input type="checkbox"/> Standard (1 hour)
<input type="checkbox"/> MIBI - Myocardial Perfusion Scan (Meadowlark, Millwoods, Ft. Mac)	<input type="checkbox"/> Hypertension <input type="checkbox"/> Obstruction
<input type="checkbox"/> Liver RBC Scan for hemangioma (40 min-return in 2 hrs for 1 hour)	<input type="checkbox"/> Other _____

Mammography	Densitometry
<input type="checkbox"/> Screening - no signs or symptoms <input type="checkbox"/> Needle Localization <input type="checkbox"/> Diagnostic - please specify concern <input type="checkbox"/> Core Biopsy	<input type="checkbox"/> Bone Densitometry <input type="checkbox"/> Lumbar Spine (X-Rays for correlation) <input type="checkbox"/> Body Composition
R  L	

Cardiac Diagnostics	MRI & CT
Please see our dedicated Cardiac requisition	Please see our dedicated MRI & CT requisition

Relevant History, Physical Findings, and Provisional Diagnosis

Pregnant? YES NO LMP: _____ Tech: _____ Time: _____ Images: _____

Referring Physician's Information

Name: _____

Address: _____ *Physician's Stamp & Practice ID*

Phone: _____ Fax: _____

Signature: _____

URGENT STAT FAX REPORT (until 4 pm, M-F)

Send Images With Patient

Copy To: Name: _____ Phone: _____ Fax: _____

FREE PARKING ALL SITES

Central

Oliver Square
11560 - 104 Avenue T5K 2S5
Ph: 780-486-8102 | F: 780-638-6241

West

Callingwood X-Ray
224B, 6655 - 178 Street T5T 4J5

Meadowlark
200 Meadowlark Health Centre
156 Street - 89 Avenue T5R 5W9
Ph: 780-489-8430 | F: 780-481-6630
Includes: CARDIAC LAB SUITE #234,
MRI & CT SUITE #200,
PAIN MANAGEMENT SUITE #216

West End
B1, 9509 - 156 Street T5P 4J5
Ph: 780-483-3422 | F: 780-484-0500

South

Lendrum Women's Imaging
10381 - 51 Avenue T6H 0K4
Ph: 780-434-9171 | F: 780-436-5211

Calgary Trail X-Ray
10411 - 51 Avenue T6H 0K4

Heritage South
2049 - 111 Street NW T6J 4V9
Ph: 780-438-0547 | F: 780-438-9211

Millwoods
Main Street Mall
6466 - 28 Avenue T6L 6N3
Ph: 780-486-8103 | F: 780-638-6532

North

Castledowns
15309 Castle Downs Road T5X 6C3
Ph: 780-457-4070 | F: 780-456-1250

Hermitage North
12779 - 50 Street T5A 4L8
Ph: 780-475-1866 | F: 780-478-0858

East

Capilano X-Ray
10147 - 50 Street T6A 2C1

Leduc

Leduc
5307 - 50 Avenue T9E 6T2
Ph: 780-486-8104 | F: 780-638-6533

Spruce Grove

Queen Street Place
107, 505 Queen Street T7X 2V2
Ph: 780-962-0297 | F: 780-962-8084

Sherwood Park

Sherwood Park
136 Athabasca Avenue T8A 4E3 NE
corner of Athabasca and Chippewa
Ph: 780-464-1515 | F: 780-464-1216

Fort McMurray

Fort McMurray
103, 108 Wolverine Drive T9H 4Y7
Ph: 780-791-1992 | F: 780-791-1994

 ECG Available

 Extended hours of operation for x-ray & ECG only.

FREE PARKING ALL SITES

** ALL EXAMINATIONS **

Remember to bring the Imaging Requisition plus your Alberta Health Card and photo ID.

If you are unable to keep your appointment, please phone 780-669-2222 to reschedule it. (There is no facility to look after small children.)

The following examinations are by appointment only. When making appointment, please notify if patient is diabetic or pregnant.

STOMACH AND DUODENUM (S&D), ESOPHAGUS (E), UPPER GI (UGI), or SMALL BOWEL (SB FT)

Morning Appointment - Nothing to eat or drink after midnight the night before the examination.

Small Bowel exams may take up to three hours to complete.

DIAGNOSTIC ULTRASOUND EXAMINATIONS

1. **ABDOMINAL**

For morning appointment: nothing to eat or drink after midnight or the morning of the examination.

For afternoon appointments: a light breakfast of toast, coffee or tea (no dairy products) 6 hours prior to the examination.

2. **ABDOMEN & PELVIC**

Nothing to eat for 6 hours prior to the examination, but 1 1/2 hours prior to the examination drink FOUR 250 ml glasses of **water** and refrain from urinating. Finish **all** glasses of water 1 hour before time of examination.

3. **OBSTETRICAL OR PELVIC / KIDNEYS (RENAL) & BLADDER**

IMPORTANT: THE BLADDER MUST BE FULL.

1 1/2 hours prior to the examination drink **FOUR** 250 ml glasses of **water** and refrain from urinating. Finish **all** glasses of water 1 hour before time of examination.

NUCLEAR MEDICINE EXAMINATIONS

HIDA (Hepatobiliary) Scan:	Nothing to eat or drink after midnight the night before the exam. Stop narcotic pain medication 6 hours prior to scan.
Liver RBC Scan:	No Barium intestinal tests for one week prior to scan.
Thyroid Scan:	Do not take thyroid medication 4 weeks before the exam. Need results of thyroid blood test at time of scan.
Myocardial Perfusion Scan:	Nothing to eat or drink for 4 hours before the exam (2 hours if diabetic). No caffeine for 24 hours prior to injection (chocolate, pop, decaf coffee). No food 4 hours prior to exam (early morning exams may have a slice of toast or a granola bar 2 hours before injection time). Diabetics - No food for 2 hours prior to exam Please continue to drink water or caffeine free beverages prior to exam. Wear comfortable clothing and please no cologne or perfume.
Renal Scan / Renogram:	Drink 3 cups of water 30 minutes prior to examination.
Other Scans:	Need no preparation unless informed at time of booking.

** If you are breast feeding, please talk to the technologist prior to the injection.*

MAMMOGRAPHY

Do not use deodorant, antiperspirant or talcum before the examination. Stay on a caffeine free diet to minimize discomfort of compression required for optimal examination. Premenstrual breast tenderness - you may delay booking until tenderness has subsided. Wear a two-piece outfit. At time of booking advise where previous mammogram was done and if possible allow appropriate time for films to arrive before appointment date.

PAIN MANAGEMENT INJECTIONS

Continue all medications and your usual diet both before and after the procedure. If you have an active infection your procedure will have to be rescheduled and you must notify Central Booking (780-669-2222). Please be advised, depending on your procedure, **you may require a driver.** When scheduling your appointment our booking agents will provide you with further instructions. You will be required to stay in the clinic for 15 minutes after the procedure to monitor your response to the injection. You should refrain from strenuous activity for at least a day after the injection. Also avoid hot tubs, swimming pools or prolonged bathing for the next 24 hours.



FREE PARKING ALL SITES

For more detailed exam preparation details or procedure expectations visit our website or call Central Booking at 780-669-2222