

**Central Booking**  
780-669-2222

**Toll Free**  
1-866-771-9446

**Fax**  
780-930-1593

**Toll Free Fax**  
1-855-930-1593

**Online**  
x-ray.ca/book-an-appointment

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M ☐ F ☐

Insurance: \_\_\_\_\_ W.C.B.( ) Other: \_\_\_\_\_

Please fax this completed requisition and if available: resting ECG, recent history, consultation report, complete medication list, copy of previous Stress Test, Angiogram, and/or Echocardiogram

**Exam Location:** \_\_\_\_\_

MIBI Rest (1/2): \_\_\_\_\_

MIBI Stress(2/2): \_\_\_\_\_

\*ABPM\*: \_\_\_\_\_

\*Holter Setup\*: \_\_\_\_\_

Stress Test: \_\_\_\_\_

(Date) (Time)

**\*If you are scheduled for a Holter Recording or APBM please return the next day between 07:30 am - 11:00 am\***

## 1 Cardiac Exam Requested

- |   |   |
|---|---|
| <input type="checkbox"/> Exercise MIBI - Myocardial Perfusion Scan                        | <input type="checkbox"/> ECG  |
| <input type="checkbox"/> Persantine MIBI - Myocardial Perfusion Scan                      | <input type="checkbox"/> Holter Recording   |
| <input type="checkbox"/> Exercise Stress Test   | <input type="checkbox"/> Ambulatory Blood Pressure Monitoring (ABPM) (payment required) |
| <input type="checkbox"/> Exercise Stress Test for Driver/Pilot Medical (payment required) | <input type="checkbox"/> Coronary CT Angiography (payment required)                     |
| <input type="checkbox"/> Echocardiogram   | <input type="checkbox"/> Coronary CT Calcium Score (payment required)                   |

## 2 Indication

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Diagnosis of coronary disease                       | <input type="checkbox"/> Driver's License Qualification & Third Party Medical (payment required) | <input type="checkbox"/> Risk stratification pre-operation |
| <input type="checkbox"/> Evaluation of extent & severity of coronary disease |  | Date: _____  |
| <input type="checkbox"/> Investigation of patient with multiple risk factors |  | Operation: _____   |

### Chest Pain

- |                              |                                      |   |                                     |                                  |
|------------------------------|--------------------------------------|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Typical     | <input type="checkbox"/> New              | <input type="checkbox"/> Exertional | <input type="checkbox"/> Dyspnea |
| <input type="checkbox"/> No  | <input type="checkbox"/> Atypical    | <input type="checkbox"/> Chronic          | <input type="checkbox"/> Rest       | <input type="checkbox"/> Syncope |
|                              | <input type="checkbox"/> Non-anginal | <input type="checkbox"/> Changing Pattern | <input type="checkbox"/> Nocturnal  |                                  |

### Pre-Test Probability of Coronary Disease

- ☐ Low ☐ Medium ☐ High ☐ Known CAD (Specify in section 4)

For more info on pre-test CAD guidelines please visit:  
bit.ly/CAD\_probability

### Cardiac

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> CABG        | <input type="checkbox"/> Pacemaker               | <input type="checkbox"/> Heart Failure   |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Valvular Heart Disease* | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Stent       | <input type="checkbox"/> Atrial Fibrillation     | <input type="checkbox"/> Family History  |
| <input type="checkbox"/> MI          | <input type="checkbox"/> Cardiac Arrest          | <input type="checkbox"/> Rheumatic Fever |

### Pulmonary

- ☐ Asthma  
☐ C.O.P.D.  
☐ Interstitial Lung Disease  
☐ Chest wall Abnormality

### General

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Renal Failure               |
| <input type="checkbox"/> Obesity        | <input type="checkbox"/> Hepatitis / HIV             |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Stroke                      |

## Locations

### Meadowlark Cardiac Lab

Fax: 780-487-5173  
Tel: 780-489-5313 ext.3050  
#234, 156 St - 89 Ave  
Edmonton, Alberta  
T5R 5W9

• MIBI • Stress Test  
• CT Angio • CT CCS  
• Holter • ABPM

### Millwoods Cardiac Lab

Fax: 780-930-1593  
Tel: 780-486-8103  
6466 28 Ave  
Edmonton, Alberta  
T6L 6N3

• MIBI • Stress Test

### Unity Square Clinic

Fax: 780-638-6241  
Tel: 780-486-8102  
11560 104 Ave NW  
Edmonton, Alberta  
T5K 2S5

• MIBI • Stress Test

## 3 Medications

- |   |   |
|---|---|
| <input type="checkbox"/> Beta Blockers            | <input type="checkbox"/> Oral hypoglycemic agents |
| <input type="checkbox"/> Calcium Channel Blockers | <input type="checkbox"/> Bronchodilators          |
| <input type="checkbox"/> Nitro                    | <input type="checkbox"/> Theophylline             |
| <input type="checkbox"/> Insulin                  | <input type="checkbox"/> Other Medications        |

## 4 Relevant History (please specify medication if applicable)

\_\_\_\_\_

\_\_\_\_\_

Pregnant? ☐ Yes ☐ No LMP: \_\_\_\_\_ Diabetic ☐ Yes ☐ No

## 5 Referring Physician's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp  
& Practice ID

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

☐ Copy To:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**\*\* 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. (There is no facility to look after small children.)

**PATIENT PREPARATION INSTRUCTIONS:**

**Exercise MIBI & Exercise Stress Test:**

- **Nothing to eat or drink** for 4 hours prior to test. **NO caffeine** containing foods or beverages (includes coffee, tea, pop, chocolate and medication with caffeine such as Tylenol #3 (or Excedrin) for 24 hours prior to test. Wear a short sleeved shirt with buttons and clean footwear for walking on treadmill. Bring all current medications with you. PLEASE do not wear perfumes/colognes or any scented products to your appointment.

**Exercise MIBI - Myocardial Perfusion scan - with or without Persantine (Dipyridamole)**

- The heart is imaged in two different phases/two separate days; while resting and after stress (exercise).
- Check in at the site you are booked at: Meadowlark Diagnostic Imaging at **200 Meadowlark Shopping Centre**, Millwoods at **6466 - 28 Avenue**, Unity Square at **11560 - 104 Ave NW**.
- Follow the above patient preparation instructions for both appointments
- The Rest scan appointment takes approximately 1 1/2 to 2 hours
- The Stress scan appointment takes approximately 2 1/2 to 3 1/2 hours

**Exercise Stress test - no imaging**

- Check in at the site you are booked. Millwoods at **6466 - 28 Avenue**. Unity Square at **11560 104 Ave NW**. If at Meadowlark, please check in at the **Meadowlark Cardiac Lab at 234 Meadowlark Shopping Centre** (use mall entrance 2 or 3)
- Follow the above patient preparation instructions
- Appointment takes approximately 45 minutes to 1 1/2 hours

**Holter Recording**

- Check in at Meadowlark Cardiac Lab at **234 Meadowlark Shopping Centre** - Use mall entrance 2 or 3
- First appointment takes approximately 15 minutes to set up monitor
- Return the next morning between 0730 and 1100h to have the monitor removed - takes 5 minutes to remove

**Ambulatory Blood Pressure Monitoring - (ABPM)**

- Check in at Insight Medical Imaging at **234 Meadowlark Shopping Centre**
- Exam is not covered by Health Care - **Cost is \$90 for exam** - cash, debit, Visa or Mastercard
- Appointment takes approximately 30 minutes to complete paperwork and to set up monitor
- Patient returns the next morning between 0730 and 1100h to have the monitor removed - takes 5 minutes to remove

**MEADOWLARK**



**MILLWOODS**



**UNITY SQUARE**

