

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: _____ PHN: _____ **Exam Location:** _____

Address: _____ MIBI Rest (1/2): _____

Phone: _____ Date of Birth: _____ M F MIBI Stress(2/2): _____

W.C.B. (Y / N) WCB #: _____ Other: _____ *ABPM*: _____

Holter Setup: _____

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

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

- Diagnosis of coronary disease Driver's License Qualification Risk stratification pre-operation
- Evaluation of extent & severity of coronary disease & Third Party Medical (payment required) Date: _____
- 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)

NB: Stress testing not recommended if aortic stenosis is suspected

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

Note: A comprehensive medical consultation will be completed by the attending physician prior to the stress test. This form may serve as the referral letter/ request for consultation if deemed complete by the referring doctor. Please feel free to also send a referral letter, lipid results, other reports, etc if there is additional information available, especially if from outside Alberta.

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

REV 10/2023

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

Copy To:

Name: _____

Phone: _____

Fax: _____

ALL REQUISITIONS ACCEPTED FREE PARKING AT 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.)

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

