

# General Requisition

ALL REQUISITIONS ACCEPTED

We cannot perform an exam without your requisition

Scan for  
a list of  
locations



**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-6:45PM, Sat: 9AM-4PM, Sun: Closed

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Male ☐ Female ☐ Non-Binary ☐

W.C.B. (Y/N) WCB #: \_\_\_\_\_ Other: \_\_\_\_\_

## Appointment Details:

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

## X-Ray • All Sites

☐ X-ray requested: \_\_\_\_\_

## ECG

☐ ECG

\* No appointment needed for general x-ray or ECG

## Fluoro

☐ E,S&D

☐ Small Bowel  
FT

## Pain Management

☐ Injection Site \_\_\_\_\_

☐ Repeat Number of Injections \_\_\_\_\_

Please see dedicated Pain Management requisition for more info

## Ultrasound

### General

- ☐ Abdomen + Bladder  
☐ Abdomen + Pelvis  
☐ Abdomen (no bladder)  
☐ Elastography  
☐ Abdomen + Appendix  
☐ Abdomen + E,S&D

- ☐ HCC Screening  
☐ Liver Elastography  
☐ Pelvis + Appendix  
☐ Renal  
☐ Bladder  
☐ Pelvis

- ☐ Abdominal Wall  
☐ Scrotum  
☐ Thyroid  
☐ Neck (Salivary Glands)  
☐ Lump site: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### MSK - may include x-ray

- ☐ Shoulder + AC Joint ☐ L ☐ R  
☐ Elbow ☐ L ☐ R  
☐ Wrist ☐ Hand ☐ L ☐ R  
☐ Fingers ☐ L ☐ R  
☐ Hip (adult only) ☐ L ☐ R  
☐ Knee ☐ L ☐ R  
☐ Achilles ☐ L ☐ R  
☐ Foot ☐ Ankle ☐ L ☐ R  
☐ Other: \_\_\_\_\_

### Vascular

- ☐ Echocardiogram  
☐ Carotid (incl. vertebral  
& subclavian arteries)  
☐ Peripheral Arterial  
☐ Arms ☐ Legs  
☐ Peripheral Venous  
(for DVT, leg includes  
pop. fossa)  
☐ Arm ☐ Leg  
☐ L ☐ R

### Obstetrics - may include pelvis

- ☐ Complete Series  
(early, nt, anatomy)  
☐ Nuchal Translucency (11-14 wks)

- ☐ Routine Pregnancy  
☐ BPP (>28 wks)  
☐ Twins

### Breast

- ☐ L ☐ R ☐ Bilateral  
☐ ABUS  
☐ Axilla ☐ L ☐ R

## Nuclear Medicine

- ☐ Bone Scan (15 min-return 2-4 hours later for 30-60 min)  
☐ Cardiac Resting Gated Blood Pool Study (90 min)  
☐ Gallium Scan (2 separate days)  
☐ HIDA (Hepatobiliary) + GBEF (2-4 hours)

- ☐ MIBI - Myocardial Perfusion Scan (Meadowlark, Millwoods, Unity Square)  
☐ Liver RBC Scan for hemangioma (40 min-return in 2 hrs for 1 hour)  
☐ Lung V/Q Scan (to rule out PE - 90 min)  
☐ Thyroid Scan (45 min)

- ☐ Parathyroid Scan (30 min-return in 2 hrs for 30 min)  
☐ Renal Study: ☐ Standard (1 hour)  
☐ Hypertension ☐ Obstruction  
☐ Other: \_\_\_\_\_

## Breast Imaging

- ☐ Screening Mammography  
☐ Screening Mammography plus Supplementary ABUS/US (if indicated based on density)  
☐ Diagnostic mammography (specify): \_\_\_\_\_  
☐ Ultrasound ☐ L ☐ R ☐ Bilateral  
☐ ABUS



Please see our dedicated Breast Procedure requisition for further breast workup

## Densitometry

- ☐ Bone Densitometry  
☐ Thoracic & Lumbar Spine  
(x-rays for correlation)  
☐ Body Composition

## Cardiac Diagnostics

- ☐ MIBI - Myocardial Perfusion Scan (Meadowlark, Millwoods, Unity Square)

Please use our dedicated Cardiac requisition for these exams

## MRI & CT

All imaging available including comprehensive Neuro, MSK, Breast and Prostate  
Please refer to 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: \_\_\_\_\_

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

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

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

Physician's Stamp  
& Practice ID

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

☐ Send Images With Patient

☐ Copy To:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## ALL REQUISITIONS ACCEPTED

### \*\* ALL EXAMINATIONS \*\*

**Remember to bring the Imaging Requisition plus your Health Care Card and photo ID**  
If you are unable to keep your appointment, and need to reschedule, please phone the clinic directly. (There is no facility to look after small children). The following examinations are by appointment only. When making an 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**

##### **Abdominal Or Liver Elastography**

For morning appointment: nothing to eat or drink after midnight or the morning of the examination.  
For afternoon appointment: a light breakfast of toast, coffee or tea (no dairy products) 6 hours prior to the examination.

##### **Abdomen & Pelvic**

Nothing to eat for 6 hours prior to the examination, but 1 1/2 hours prior to the examination drink FOUR 8 oz glasses of water and refrain from urinating. Finish all glasses of water 1 hour before time of examination.

##### **Obstetrical Or Pelvic / Kidneys (Renal) & Bladder**

**IMPORTANT: THE BLADDER MUST BE FULL.**

1 1/2 hours prior to the examination drink FOUR 8 oz glasses of water and refrain from urinating. Finish all glasses of water 1 hour before time of examination

#### **Nuclear Medicine Examinations**

<b>HIDA (Hepatobiliary) Scan:</b>	Nothing to eat or drink after midnight the night before the examination.
<b>Liver RBC Scan:</b>	No Barium intestinal tests for one week prior to scan.
<b>Thyroid Scan:</b>	Do not take thyroid medication 4 weeks before the exam. Need results of thyroid blood test at time of scan.
<b>Myocardial Perfusion Scan:</b>	No caffeine for 24 hours prior to injection (chocolate, pop, regular or decaf coffee). Nothing to eat or drink for 4 hours before the exam (early morning appointments may have a slice of toast or a granola bar 2 hours before the exam). <b>Diabetics</b> - Fasting for 2 hours before the exam. Please continue to drink water or caffeine free beverages prior to exam. Wear comfortable clothing and please no cologne or perfumes.
<b>Renal Scan / Renogram:</b>	Fast from midnight and drink 3 cups of water 30 minutes prior to the exam.
<b>Other Scans:</b>	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 Patient Care Coordinators 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 AT ALL SITES


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

### **Central**


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

### **West**

 **Callingwood X-Ray**  
224B, 6655 - 178 Street T5T 4J5  
Ph: 780-487-9363 | F: 780-481-2383



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



**The Grange**  
2460 Guardian Road NW T5T 1K8

 **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

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

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


### **East**

**Capilano X-Ray**  
10147 - 50 Street T6A 2C1  
Ph: 780-469-5506 | F: 780-463-2508


### **St. Albert**

**St. Albert**  
110, 75 Neil Ross Road T8T 1R8  
Ph: 780-438-3802 | F: 780-438-3794



### **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  
corner of Athabasca and Chippewa  
Ph: 780-464-1515 | F: 780-464-1216

### **Fort McMurray**

 **Fort McMurray**  
1, 606 Signal Road T9H 4Z4  
Ph: 780-791-1992 | F: 780-791-1994