



Requisition Form

GENERAL BOOKING LINE: **1.877.420.4CDC(4232)**
FAX: **1.877.919.3291**

STAT Report Options

STAT Fax Report

STAT Verbal Report

Phone _____

Patient Information

NAME _____ DOB / / WEIGHT _____ lbs/kg
ADDRESS _____ GENDER Male / Female
CITY _____ PROV _____ PC _____ AHC# or WCB _____
Ph. HOME _____ Ph. OTHER _____ Date of Accident / /

Procedures

- ULTRASOUND** WG
 - Routine Abdomen
 - Abdominal Assessment (Abd U/S + UGI)
 - Abdominal Wall / Hernia _____
 - Inguinal Hernia L R
 - Abdomen + Pelvis
 - Routine Female Pelvis (gyne + urinary tract)
 - Kidneys, Ureters, Bladder
 - Routine Male Pelvis (includes kidneys)
 - Scrotum/Testes
 - Thyroid Gland
 - Neck (salivary glands / lymph nodes)
 - Breast + Axilla L R
 - Early Obstetric (dating / viability)
 - First Trimester Screen (11w0d to 13w6d)
 - Routine Detailed Anatomy (~18-20 weeks)
 - OBS Follow-up _____
 - BPP (Biophysical Profile) > 30 weeks
 - Carotid Doppler
 - Venous Doppler L R
 - Leg Arterial Doppler (with ABI)
 - Renal Artery Stenosis Study for Hypertension
 - Shoulder L R
 - Shoulder Assessment (Arthrogram + U/S) L R
 - Other** _____

MSK U/S exams will include x-rays of the area if needed

- FLUOROSCOPY** WG
 - UGI (esophagus, stomach, duodenum)
 - Small Bowel Follow Through
 - Double Contrast Colon (Barium Enema)
 - Shoulder Arthrogram Only L R
 - Orthopedic Injection (for Pain Management)
 - Please specify injection area(s) L R _____

Will include preliminary x-rays if needed

- X-RAY (walk-in)** WG
Please specify _____

- BONE MINERAL DENSITOMETRY (BMD)** WG

- MAMMOGRAPHY** WG
 - Screening Diagnostic (includes U/S as needed) _____

Exam Details

DATE _____

TIME _____

Location

See back for details

WG Westgate P 780.484.1672 F 780.484.2982
172 - 17010 90 Avenue

Clinical History

LMP _____

Referring Physician (print) _____

Referring Physician (signature) _____

Phone _____ Fax _____

Copy to (name) _____ Fax Copy _____

Physician Stamp & Prac ID

Patient Instructions

1. Please ensure that you have this requisition form with you when you arrive for your exam.
2. Please arrive 15 minutes prior to your exam for check-in.
3. Bring your Alberta Health Care Card with you the day of your exam.
4. Please be advised that children requiring supervision cannot be brought to the exam.

ULTRASOUND

BLADDER, PELVIS or PREGNANCY UNDER 30 WEEKS

This exam requires a full bladder. Please drink and finish 1 litre (32 oz) of water one hour prior to appointment time. DO NOT empty bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. You may eat your regular meals and/or snack prior to the exam.

BIOPHYSICAL PROFILE or PREGNANCY 30 WEEKS AND OVER

This exam requires a partially full bladder. Drink and finish 500ml (16 oz) of water 45 minutes prior to appointment time. DO NOT empty bladder until after the examination. If your bladder is not full enough, the examination may have to be rescheduled. Eat regular meals and/or have a snack 30 minutes prior to appointment time.

ABDOMEN OR INTERNAL ORGANS ONLY

This exam requires that you DO NOT eat, drink, or consume anything by mouth, 8 hours prior to examination (ie. No water or liquids, chewing gum, lozenges or food 8 hours before exam and no smoking 4 hours prior to exam).

ABDOMEN AND PELVIS COMBINED

This exam requires that you DO NOT eat for 8 hours prior to the exam. You must however, DRINK 1 litre (32 oz) of water 1 hour before appointment time. DO NOT empty bladder until after the examination. If bladder is not full, the examination may have to be rescheduled.

MAMMOGRAPHY

This exam requires that you DO NOT wear deodorant or body powder the day of the exam. If you have premenstrual tenderness in your breasts, it is advisable to schedule your appointment after it has subsided. Also AVOID caffeine intake beginning two days prior to your exam.

BONE DENSITOMETRY

You should NOT TAKE any MULTIVITAMINS, CALCIUM, or IRON BEFORE your exam. You may take them AFTER your exam but not before.

FLUOROSCOPY

UPPER GI or SMALL BOWEL FOLLOW THROUGH

This exam requires that you DO NOT eat, drink, or consume anything by mouth 8 hours prior to examination (ie. No water or liquids, chewing gum, throat lozenges or food 8 hours before exam and no smoking 4 hours prior to exam.) If you are diabetic, please consult your physician.

BARIUM ENEMA

For 2 days prior to the exam, DO NOT CONSUME ANY FOOD. Please only have water, clear juice (apple, grape, pear, cranberry), pop, jello and black tea or coffee (NO cream). At 5 pm on the day prior to the exam, drink 300ml of MAGNESIUM CITRATE. At 7 pm on the day prior to the exam, take two 5mg tablets of DULCOLAX. On the morning of the exam, insert one 10mg DULCOLAX suppository and wait 10 minutes before evacuating. Only water or clear juice the morning of the exam. The necessary drugs can be obtained from your pharmacy. **Patients can and should continue to take all their regular medications with a sip of water.**

ABDOMINAL ASSESSMENT

Follow preparations for Abdomen/Internal Organs, Upper GI or Small Bowel Follow Through as listed above.

PAIN MANAGEMENT INJECTIONS

This exam requires that you DO NOT chew gum on the day of your injection. For nerve root block exams, patients must have a driver to take them home following the exam.

WALK-IN X-RAY

X-Ray exams may not be possible if there is a chance of pregnancy and may need to be deferred to a later date in these cases. It is recommended that you dress comfortably. Please avoid clothing that has zippers, snaps, buttons and /or beading near the area to be scanned.

Contact Us: Main Line: 780.484.1672 Toll Free: 1.877.420.4CDC(4232) Fax: 1-877-919-3291 Last Updated: AUG 2011

General Information:

Open Monday to Friday

8 am – 6 pm

- Free Parking
- Wheel Chair Accessible

Location:

WESTGATE X-RAY & ULTRASOUND

(Across from West Edmonton Mall)

172 - 17010 90 Avenue

Edmonton, AB T5T 1L6

Ph: 780.484.1672

Fax: 780.484.2982

CanadaDiagnostics.ca