

Patient & Appointment Information

Date of Requisition: DD/MM/YY

Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Other Phone _____
DOB DD/MM/YY ☐ Male ☐ Female Weight _____ [lbs / kg]
AHC# _____ WCB#/Accident Date DD/MM/YY _____

Physician

Referring Physician _____
Clinic _____
Phone _____
Fax _____
Copy to Dr. _____
Fax Copy to Dr. _____
PRAC ID _____
Signature _____

Appt. Date _____ Time _____ CDC Site **CALGARY WOMEN'S IMAGING CENTRE**

Clinical History

LMP or EDC _____ DD/MM/YY _____

STAT Report Options

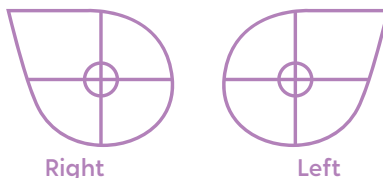
- ☐ STAT Fax Report
☐ STAT Verbal Report # _____ Specific Number _____
☐ Send copy of images with the patient
Reports & images available at CanadaDiagnostics.ca/Practitioners

General Ultrasound

- ☐ Routine Abdomen
☐ Abdominal Wall (Pain/Lump/Other)
☐ Abdomen + Pelvis
☐ Routine Female Pelvis (Gyne + Urinary Tract)
☐ Kidneys, Ureters, Bladder only
☐ Groin (Pain/Lump/Other) R ☐ L ☐
☐ Thyroid Gland
☐ Neck (Salivary Glands/Lymph Nodes/Mass)
☐ Other Specify Area _____

Breast Imaging

- ☐ Complete Breast Assessment
(Screening Mammography with Tomosynthesis and Breast U/S if indicated by Breast Density)
☐ Screening Mammography with Tomosynthesis
☐ Diagnostic Mammography R ☐ L ☐
with Tomosynthesis (includes U/S as needed)
☐ Diagnostic Breast & Axilla U/S R ☐ L ☐



Obstetrical Ultrasound

- ☐ Obstetrical Series (Early, Nuchal and Detailed)
☐ Early Obstetric (Dating/Viability) (<12 weeks)
☐ Nuchal Translucency (11w0d to 13w6d)
☐ Detailed Anatomy (~18-20 weeks)
☐ BPP/Biophysical Profile (28+ weeks)
☐ Other Specify Indication _____

Intervention

- ☐ Breast Biopsy (FNA/Core/Stereotactic) R ☐ L ☐
☐ Breast Cyst Aspiration R ☐ L ☐
☐ Axillary Biopsy R ☐ L ☐
☐ Galactogram R ☐ L ☐
☐ Needle/Wire Localization R ☐ L ☐
☐ Thyroid FNA* R ☐ L ☐
☐ Other Specify Area _____

* Must meet guideline criteria

MSK Ultrasound

- ☐ Shoulder R ☐ L ☐
☐ Shoulder U/S + Arthrogram R ☐ L ☐
☐ Elbow R ☐ L ☐
☐ Hand or ☐ Wrist R ☐ L ☐
☐ Hip R ☐ L ☐
☐ Knee R ☐ L ☐
☐ Foot or ☐ Ankle R ☐ L ☐
☐ Mass/Cyst/Other Specify Area _____

Bone Mineral Densitometry

- ☐ Bone Mineral Densitometry
(Vertebral Fracture Assessment done per OSC guidelines)

Private Services MRI | 3T

Available at Chinook, Calgary Clinic only.
(Not covered by Alberta Health Care)

- ☐ Breast MRI Specify Indication _____
Contraindications for MRI Y ☐ N ☐
If Yes: _____ Please Specify _____

Pain Management

Lumbar Facets

- ☐ Stage 1:
Facet Joint Injections L1/L2 R ☐ L ☐
☐ Stage 2a:
Medial Branch Block L2/L3 R ☐ L ☐
L3/L4 R ☐ L ☐
☐ Stage 2b:
Radiofrequency Neurotomy L4/L5 R ☐ L ☐
L5/S1 R ☐ L ☐

- ☐ Thoracic Facet Joint _____ R ☐ L ☐

- ☐ SI Joint Injection R ☐ L ☐
☐ Pars Interarticularis _____ R ☐ L ☐
☐ Coccyx

- ☐ Lumbar Epidural Steroid Injection L1/L2 R ☐ L ☐ L1 Lumbar ☐
L2/L3 R ☐ L ☐ L2 Selective ☐
L3/L4 R ☐ L ☐ L3 Nerve ☐
L4/L5 R ☐ L ☐ L4 Root ☐
Block
☐ Caudal L5/S1 R ☐ L ☐ L5 ☐
ESI S1 R ☐ L ☐ S1

Cervical Facets & Epidurals

- ☐ Facet Joint Injection C2/C3 R ☐ L ☐
C3/C4 R ☐ L ☐
C4/C5 R ☐ L ☐
☐ Cervical Epidural Steroid Injection C5/C6 R ☐ L ☐
(Transfacet) C6/C7 R ☐ L ☐
C7/T1 R ☐ L ☐

Headache

- ☐ 3rd Occipital Nerve R ☐ L ☐
☐ Greater & Lesser Occipital Nerves R ☐ L ☐
☐ Botox® for Chronic Migraine*
☐ TMJ Botox R ☐ L ☐
☐ TMJ Injection R ☐ L ☐
☐ Sphenopalatine Ganglion Block (Bilateral)

- ☐ Other _____ Specify area or use Pain Management Req

*Cost to patient for special materials used.

Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph CGY: 403.212.5855

Toll-Free Ph: 1.877.420.4CDC (4232)

Fax CGY: 403.253.4669

Toll-Free Fax: 1.877.919.3291

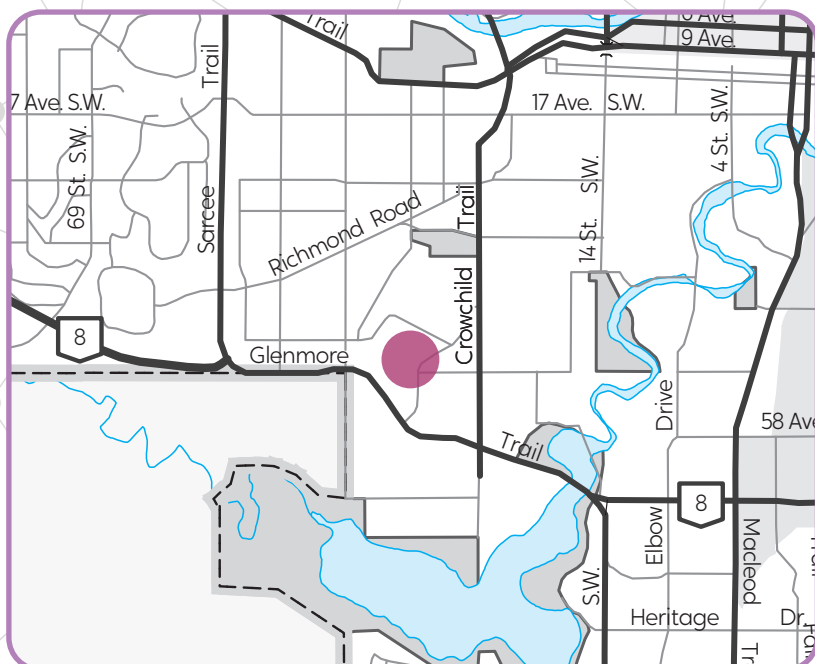
Email: appointments@CanadaDiagnostics.ca

Online Requests: CanadaDiagnostics.ca

PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

- Arrive 15 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from the wearing of scented products
- Please bring an adult to supervise children under the age of 12

CALGARY



Location

Calgary Women's Imaging Centre
20 Richard Way SW, T3E 7M9

Ph: 403.685.3123 | Fax: 403.685.3235

Pain Management | Women's Imaging
Ultrasound | Mammography
Bone Mineral Densitometry

A Note About Private Services

MRI & CT services are available only at our CDC Chinook location in Calgary, Alberta.

Services are provided on a per fee basis and are not covered by Alberta Health Care.

For information and pricing on our *MRI & CT; Private Services*, please contact **403.212.5847**.

Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

MAMMOGRAPHY

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 2 days prior to your exam.

BONE MINERAL DENSITOMETRY

DO NOT take any MULTIVITAMINS, CALCIUM, or IRON BEFORE your exam. You may take them AFTER your exam.

ULTRASOUND

BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS

The exam requires a full bladder. DRINK AND FINISH 1 liter (32 oz.) of water 1 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 28 WEEKS AND OVER

This exam requires a partially full bladder. DRINK AND FINISH 500 ml (16 oz.) of water 45 minutes 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. Eat regular meals and/or have a snack 30 minutes prior to appointment time.

ABDOMEN

DO NOT eat, drink or consume anything by mouth 8 hours prior to examination. NO water, other liquids, chewing gum, lozenges or food 8 hours before exam. No smoking 4 hours prior to exam.

ABDOMEN AND PELVIS

DRINK AND FINISH a minimum of 1 liter (32 oz.) of water 1 hour prior to appointment time. You must have a full bladder for this exam.

DO NOT eat, drink or consume anything else by mouth (other than water) for 8 hours prior to examination: no other liquids, chewing gum, lozenges or food 8 hours before exam. No smoking 4 hours prior to exam.