



## PATIENT INFORMATION

Place patient label here

Date: D/\_\_\_\_ M/\_\_\_\_ Y/\_\_\_\_

Name: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Date of Birth: D/\_\_\_\_ M/\_\_\_\_ Y/\_\_\_\_

AHC# or WCB#: \_\_\_\_\_

## PROFESSIONAL SERVICES

\*\*\*Please see patient instruction on reverse side\*\*\*

### GENERAL ULTRASOUND (age two years and older)

- Complete Abdomen
- Pelvis
- Thyroid
- Scrotum
- Breast  R  L
- Other Exam: \_\_\_\_\_

### Obstetrics (To book future appointments, please check all that apply)

- 1st Trimester**
- Routine (specify indication) \_\_\_\_\_
  - Nuchal Translucency
- 2nd Trimester**
- Detailed exam >18 weeks
  - Other (specify indication) \_\_\_\_\_
- 3rd Trimester**
- BPP and growth (specify indication) \_\_\_\_\_
  - BPP post dates
  - Other (specify indication) \_\_\_\_\_

### Musculoskeletal

- Rotator Cuff  R  L
- Achilles  R  L
- Carpal Tunnel  R  L
- Plantar Fascia  R  L
- Bursa: \_\_\_\_\_
- Other Tendon: \_\_\_\_\_
- Mass: \_\_\_\_\_
- Other Exam: \_\_\_\_\_

### CARDIOVASCULAR ULTRASOUND

- Carotid Arteries
  - Carotid Intima-Media Thickness
  - Heart (Echocardiogram)
  - Venous (DVT)  R  L  Arm  Leg
  - Chronic Venous Insufficiency  R  L
  - Arterial + ABI  Leg
  - Arterial  Arms (specify indication) \_\_\_\_\_
  - Other Exam: \_\_\_\_\_
- } Fax requisition to 403.777.3048

## APPOINTMENT

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

## REFERRING PRACTITIONER'S INFORMATION

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

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

Copy to: \_\_\_\_\_

Stat Phone Report: \_\_\_\_\_  Stat Fax Report: \_\_\_\_\_

Practitioner's ID/Stamp: \_\_\_\_\_

Send Images with Patient (CD copy)

### ULTRASOUND-GUIDED INTERVENTIONS

- Thyroid
- Breast (FNA; Core Biopsy; Needle Localization)

### NUCLEAR IMAGING

- Bone Scan
  - Biliary Scan (HIDA)
  - Red Blood Cell Scan for Hemangioma
  - Thyroid Scan
  - Meckel's Scan
  - Renal Scan
  - Myocardial Perfusion Scan (Thallium; Myoview)
  - Exercise Stress Testing
- } Please use Cardiac Assessment requisition

### BONE DENSITOMETRY

### MAMMOGRAPHY

- Screening  Diagnostic

### FLUOROSCOPY (Fax requisition to 403.777.3048)

- Small Bowel Follow Through  Barium Enema

### IMAGE-GUIDED PAIN THERAPY (Please use Pain Therapy requisition)

### X-RAY (No appointment necessary)

- Examination:

## HISTORY & PRESUMPTIVE DIAGNOSIS



**MRI**  
 Examination:

**CT**  
 Examination:

MRI and CT services provided on a fee-for-service basis.

[www.mayfairdiagnostics.com](http://www.mayfairdiagnostics.com)

1. Please bring your health insurance card and this requisition.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
3. Please do not bring children who require supervision.
4. Arrive a few minutes early for your appointment. Please call if you are unable to keep your appointment. (403.777.3000)
5. Kindly advise us of any limitation of mobility prior to your exam.
6. Please do not wear fragrance as others may be sensitive.

## Ultrasound

### Complete Abdomen

Do not eat, drink or chew gum for 6 hours prior to the examination.

### Pelvic, Obstetrical and Biophysical Profile (BPP)

1.5 hours prior to the examination, drink 1 litre of water. Finish all water 1 hour before your appointment. Do not empty the bladder. Patients for BPP need only drink 0.5 litres of water and should also have a snack prior to their exam.

### Combination Pelvis and Abdomen

Do not eat or drink for 6 hours prior to the examination. 1.5 hours prior to the examination, drink 1 litre of water. Finish all water 1 hour before your appointment. Do not empty the bladder.

## Mammography

Do not use deodorant, antiperspirant or talcum before the examination. If tenderness is an issue, stay on a caffeine-free diet. Delay booking until premenstrual tenderness subsides. Please wear a two-piece outfit.

## Nuclear Imaging

In most nuclear medicine studies, you will be given an injection with images obtained after a delay of up to 2 hours. No barium studies for one week prior. If pregnant, nuclear imaging is not advised.

Type of Study	Preparation	Time
<b>Bone Scan</b>	None	3 hours
<b>Biliary (HIDA)</b>	8 hour fast	2 to 4 hours
<b>Red Blood Cell</b>	None	2 to 3 hours
<b>Thyroid Scan</b>	No thyroid medications for 2 weeks prior. No CT or X-Ray dye for 4 weeks prior.	45 minutes
<b>Meckel's Scan</b>	8 hour fast. Take 150 mg Ranitidine evening prior & morning of appointment. (Obtain from pharmacy)	1 hour
<b>Renal Scan</b>	Drink 2 cups of water 1 hour prior.	2 hours

## Fluoroscopy

### Small Bowel Follow Through

Do not smoke, chew gum, eat or drink (including water) after midnight the night prior to your exam and until the exam is finished. This examination takes approximately 3 hours.

### Barium Enema

For 2 days prior to exam, follow diet of unrestricted clear fluids such as clear juice, pop, consomme, tea, coffee, Jell-O and lots of water. At 4 pm the day before your examination, adults drink 300 ml Magnesium Citrate laxative, and at 7 pm take three 5 mg Dulcolax tablets. (Omit Dulcolax if diarrhea is a reason for the exam). Only water or clear juice the morning of the exam. (Obtain Magnesium Citrate and Dulcolax from your pharmacy).

## To book an appointment call 403.777.3000

### SOUTHEAST

#### Southcentre Mall

177, 100 Anderson Road SE  
Fax: 403.777.3078

Ultrasound, Bone Densitometry, Mammography, Breast Biopsy, X-Ray  
7:30 am – 4:30 pm, Monday to Friday

#### South Calgary Health Centre

105, 31 Sunpark Plaza SE  
Fax: 403.873.2339

X-Ray only – Diagnostic Imaging Specialists Calgary (DISC) – Service in cooperation with EFW Radiology.  
7:30 am – 11:00 pm, 7 days/week

#### Sunpark Professional Centre

125, 40 Sunpark Plaza SE  
Fax: 403.777.3148

Ultrasound, Bone Densitometry, Mammography, Nuclear Imaging, Echocardiography, Myocardial Perfusion Scan, Exercise Stress Testing. No X-Ray service.  
7:30 am – 4:00 pm, Monday to Friday

### NORTHEAST

#### Castleridge Plaza

20, 55 Castleridge Boulevard NE  
Fax: 403.777.3138

Ultrasound, Bone Densitometry, Mammography, Nuclear Imaging, Echocardiography, Myocardial Perfusion Scan, Exercise Stress Testing, X-Ray  
8:00 am – 4:30 pm, Monday to Friday  
8:00 am – 4:00 pm, Sunday (except long weekends),  
Ultrasound, Bone Densitometry, Mammography, Nuclear Imaging, X-Ray

### CENTRAL

#### Calgary Eaton Centre/The Core

417B, 751 – 3 Street SW  
Fax: 403.777.3058

Ultrasound, Bone Densitometry, Mammography, Echocardiography, X-Ray  
7:30 am – 4:00 pm, Monday to Friday

### NORTHWEST

#### Market Mall Professional Centre

333, 4935 – 40 Avenue NW  
Fax: 403.777.3098

Ultrasound, Bone Densitometry, Mammography, Nuclear Imaging, X-Ray  
X-Ray: 8:00 am – 9:00 pm, Monday to Friday;  
9:00 am – 5:00 pm, Saturday;  
10:00 am – 4:00 pm, Sunday & Holidays  
Ultrasound, Bone Densitometry, Mammography:  
8:00 am – 8:00 pm, Monday to Thursday;  
8:00 am – 4:00 pm, Friday  
Nuclear Medicine: 7:30 am – 4:30 pm,  
Monday to Friday

#### Crowfoot Business Centre

401, 400 Crowfoot Crescent NW  
Fax: 403.777.3188

Ultrasound, Bone Densitometry, Mammography, X-Ray  
8:00 am – 4:30 pm, Monday to Friday

#### Riley Park (Old Grace Hospital)

##### Opening Early 2012

1402 8 Avenue NW

### SOUTHWEST

#### Westbrook Professional Building

200, 1610 – 37 Street SW  
Fax: 403.777.3088

Ultrasound, Bone Densitometry, Mammography, X-Ray  
7:30 am – 4:30 pm, Monday to Friday  
X-Ray: 8:00 am – 4:30 pm, Monday to Friday

#### Mayfair Place

110, 6707 Elbow Drive SW  
Fax: 403.777.3048

Ultrasound, Bone Densitometry, Mammography, Nuclear Imaging, Fluoroscopy, Image Guided Pain Therapy, Vascular Centre, X-Ray  
7:30 am – 4:30 pm, Monday to Friday,  
8:30 am – 4:30 pm, Saturday (except long weekends)

#### Aspen Landing

105, 339 Aspen Glen Landing SW  
Fax: 403.777.3028

Ultrasound, Bone Densitometry, Mammography, X-Ray  
8:00 am – 4:30 pm, Monday to Friday

#### Administration Office

120, 6707 Elbow Drive SW  
Calgary, AB T2V 0E3  
Fax: 403.777.3008

Appointments 403.777.3000

[www.radiology.ca](http://www.radiology.ca)



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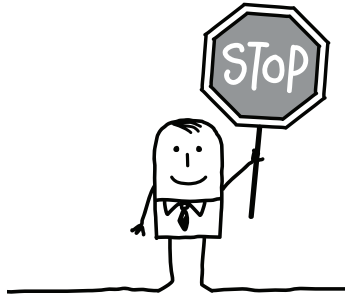
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Lung Cancer • Breast MRI • Colon Cancer (Virtual Colonoscopy)

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(MRI and CT provided on a fee-for-service basis)





## Attention! You are almost out of requisition forms.

To replenish your supply, please **fax** this form to 403.301.4549.  
Alternatively, you can **e-mail** your requests to [requisitions@radiology.ca](mailto:requisitions@radiology.ca),  
**print** requisitions directly from our website at  
[www.radiology.ca/for-physicians.html](http://www.radiology.ca/for-physicians.html) or **call** us at 403.777.3000.

Physician's name: \_\_\_\_\_

Clinic: \_\_\_\_\_

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

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

Number of requisition pads required: \_\_\_\_\_

Number of people working at your clinic: \_\_\_\_ (MD's) \_\_\_\_ (Staff)

*(For future Marketing and CME Events)*

**Thank you for your referrals.**

