

PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request (D/M/Y): _____
 Name: _____ Female Male
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Home Phone: _____
 Other Phone: _____
 Date of Birth (D/M/Y): _____
 AHC or WCB #: _____
Appt. Date (D/M/Y): _____ **Time:** _____ a.m./p.m.

PROFESSIONAL SERVICES

Please see patient instruction on reverse

X-ray (No appointment necessary, walk-in basis)

Examination: _____

General Ultrasound

- Kidneys and Bladder
- Abdomen
- Liver Elastography
- Pelvis: Female (gyne) / Male
- Thyroid
- Neck (salivary glands, lymph nodes, mass)
- Hernia: R L Abdominal wall
- Scrotum
- RLQ / Appendix
- Soft Tissue Mass
- Other: _____

Musculoskeletal Ultrasound

X-ray of the area may be required if recent trauma, or if no X-ray within last six months

- Shoulder (Includes Rotator Cuff) R L
- Elbow R L
- Wrist R L
- Carpal Tunnel R L
- Hand or Finger R L
- Hip R L
- Knee (Includes Baker's Cyst) R L
- Ankle R L
- Achilles R L
- Plantar Fascia R L
- Foot or Toe R L
- Muscle/Tendon: _____
- Ganglion: _____
- Other: _____

Obstetrical Ultrasound

- Complete Obstetrical Assessment (early, NT, detailed)
- Early Obstetrical (< 14 weeks)
- Nuchal Translucency (NT) (GA 11w+0d - 13w+6d, preferably after 12 weeks)
- Detailed exam (> 18 weeks)
- BPP & growth (> 28 weeks)
- Other: _____

Vascular Ultrasound

- Carotid, Vertebral & Subclavian Arteries
- Carotid Intima-Media Thickness
- Venous (DVT) R L Arm Leg

For the following exams fax requisitions to 403.777.3001

- Arterial Legs + ABI
- ABI + TBI only
- Arterial Arms
- Renal Artery Doppler*

*Requires a previous Renal Ultrasound within the last 12 months.

Bone Mineral Densitometry

- Bone Mineral Density Evaluation

Nuclear Medicine Imaging

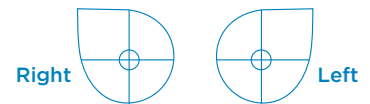
- Bone Scan
- Bone Scan with SPECT/CT
- HIDA Biliary Scan
- Thyroid Scan

Breast Imaging

- Complete Breast Assessment (Mammography and ABUS/Breast US (if dense breast or as necessary))
- Screening Mammography (with Tomosynthesis)
- Diagnostic Mammography (with Tomosynthesis) R L Bilateral
- Diagnostic Breast Ultrasound R L Bilateral

Intervention

- Thyroid Biopsy
- Breast Biopsy (FNA, Core Biopsy, Needle Localization, Stereotactic Biopsy)



Cardiac Imaging (403.568.8677)

Please use Cardiac Assessment requisition.

Image-Guided Procedures (403.777.3122)

Please use Image-Guided Pain Therapy requisition.

Private Pay Services (403.301.4525)

Please use MRI/CT requisition.

HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible, this enables our clinic staff to provide the most comprehensive patient care.

Stat Phone Report
 Phone: _____

Stat Fax Report
 Fax: _____

REFERRER INFORMATION

Name: _____
 Copy to: _____ WCB - Alberta
 Phone: _____ Fax: _____
 Address: _____

Practitioner's ID/Stamp:

Send images with patient (CD copy) Images also available on Netcare.
 Signature: _____

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 physicians. If instructions require fasting or "clear liquid" diet, diabetics should request early appointments.
3. Please bring an adult to supervise your children during your exam.
4. Please call if you are unable to keep your appointment. (403.777.3000)
5. Kindly advise us of any mobility limitations when booking your exam.
6. Please avoid wearing fragrances as we are a fragrance-free facility.

PATIENT EXAM PREPARATION INSTRUCTIONS

GENERAL ULTRASOUND

Abdomen

Have nothing to eat or drink (except water) for six hours prior to examination.

Pelvis, Kidneys/Bladder

Drink one litre of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty the bladder.

Abdomen & Pelvis Combined

Do not eat for six hours prior to the examination. Drink one litre of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty the bladder.

OBSTETRICAL ULTRASOUND

Complete Obstetrical Assessment, Early, NT, Detailed

Drink one litre of water, 1.5 hours prior to your exam. Finish all water one hour before your appointment. Do not empty the bladder.

Biophysical Profile (BPP)

Prior to the examination have a snack.

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

You will be given an injection of a radioactive tracer and images will be obtained either immediately or after a delay of up to a few hours. If you have had a barium study less than one week prior or there is a chance of being pregnant, please contact our Patient Experience Coordinators as imaging may be delayed.

TYPE OF STUDY	PREPARATION	EXPECTED DURATION
Bone Scan – with or without SPECT/CT	None	15 min. first appt./up to 1 hour second appt.
HIDA Biliary Scan	Nothing to eat or drink 6 hours prior to appt.	2 to 3 hours
Thyroid Scan	No thyroid medications for 2 weeks prior. No CT or X-ray dye for 4 weeks prior.	45 minutes

X-RAY

Please note not all of Mayfair Diagnostics' clinics provide X-rays. These exams are performed on a walk-in basis; no appointment necessary.

COCHRANE

Cochrane Grande Plaza • 1123, 116 Grande Blvd.
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 No X-ray service.

CALGARY SOUTHEAST

Extended Hours

Mahogany Village Market • 230, 3 Mahogany Row SE
 Bone Mineral Densitometry, Breast Imaging,
 Image-Guided Pain Therapy, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

Southcentre Mall • 177, 100 Anderson Rd. SE
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 No X-ray service.

South Calgary Health Centre • 105, 31 Sunpark Plz. SE
 X-ray (walk-in only) hours are 7:30 a.m. to 11 p.m., 7 days/week.

Sunpark Professional Centre • 125, 40 Sunpark Plz. SE
 Bone Mineral Densitometry, Breast Imaging, Cardiac Imaging,
 Nuclear Medicine Imaging, Ultrasound. No X-ray service.

CALGARY NORTHEAST

Castleridge Plaza • 20, 55 Castleridge Blvd. NE
 Bone Mineral Densitometry, Breast Imaging, Cardiac Imaging,
 Image-Guided Pain Therapy, Nuclear Medicine Imaging,
 Ultrasound. X-ray (walk-in only) hours are 7:30 a.m. to 4 p.m.
 Mon-Fri.

Coventry Hills Centre • 457, 130 Country Village Rd. NE
 Bone Mineral Densitometry, Breast Imaging, Ultrasound
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

CALGARY CENTRAL

The CORE • 417B, 751 – 3 St. SW (on the 4th floor next to the food court in The CORE Medical Centre)
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

CALGARY NORTHWEST

Market Mall Professional Centre • 333, 4935 – 40 Ave. NW
 Bone Mineral Densitometry, Breast Imaging, Image-Guided Pain Therapy, Nuclear Medicine Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri,
 8 a.m. to 4 p.m. Sun.

Crowfoot Business Centre • 401, 400 Crowfoot Cres. NW
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

Riley Park • 110, 1402 8 Ave. NW
 Nuclear Medicine Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

CALGARY SOUTHWEST

Westbrook Professional Building • 200, 1610 – 37 St. SW
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

Mayfair Place • 132, 6707 Elbow Dr. SW
 Bone Mineral Densitometry, Breast Imaging, Cardiac Imaging,
 Computed Tomography (CT), Image-Guided Pain Therapy,
 Magnetic Resonance Imaging (MRI), Nuclear Medicine Imaging,
 Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri,
 8 a.m. to 4 p.m. Sat.

Aspen Landing • 105, 339 Aspen Glen Lndg. SW
 Bone Mineral Densitometry, Breast Imaging, Ultrasound.
 X-ray (walk-in only) hours are 8 a.m. to 4 p.m. Mon-Fri.

ORDER FORM

ALL APPOINTMENTS:

Tel 403.777.3000

Fax 403.777.3001

Toll Free 1.866.611.2665

Attention! You are almost out of General Requisition forms.

TO REPLENISH YOUR SUPPLY OF GENERAL REQUISITION FORMS:

Call us at 403.777.3000

E-mail your request to requisitions@radiology.ca

Fax this form to 403.777.3001

Print requisitions directly from radiology.ca

EMR upload assistance available. Please contact us at the above phone number or email address.

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

Thank you for your referrals.



Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.