

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: _____ am pm

PROFESSIONAL SERVICES

Please see patient instruction on reverse

General Ultrasound

Kidneys and Bladder
 Abdomen
 Liver Elastography for NAFLD
 (For use with Hepatology NAFLD Pathway, see: specialistlink.ca)
 Liver Elastography for Alcohol Use (For use with Hepatology AUD pathway, see: specialistlink.ca)
 Liver Elastography, other indication
 (Please specify): _____
 Pelvis
 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 (incl. rotator cuff)	R	L
Elbow	R	L
Wrist	R	L
Carpal Tunnel	R	L
Hand or Finger	R	L
Hip	R	L
Knee (incl. 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

Date of last menstrual period: _____
 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

The exams above can be performed at any ultrasound location. For specialty vascular exams, please refer to the Vascular Requisition.

Bone Mineral Densitometry

Bone Mineral Density Evaluation

Nuclear Medicine Imaging

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

Speciality Imaging

Mayfair offers speciality exams which can be requested using the applicable requisition.

- Cardiac Requisition • Coronary CT Angiography Requisition
- MRI & CT (Private Pay) Requisition • Pain Management Requisition

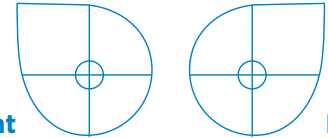
Download these requisitions online (www.radiology.ca/requisition-forms) or email bd@radiology.ca to request.

Breast Imaging

Complete Breast Assessment [Mammography and breast ultrasound/ ABUS - (if dense breast or as necessary)]
 Diagnostic Breast Ultrasound
 R L Bilateral
 Diagnostic Mammography (with tomosynthesis)
 R L Bilateral
 Screening Mammography (with tomosynthesis)

Intervention

Breast Biopsy (FNA, core biopsy, needle localization, stereotactic biopsy)



X-ray (No appointment necessary, walk-in basis)
 Exam to be performed:

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: _____