

Date of Issue **Appointment Date**

Central Booking (403) 541-1200

Fax (403) 210-8377

Appointment Required

Patient Information Place patient label here

Name _____
 DOB Male Female
 Address _____
 City/Province _____ Postal Code _____

Phone (Res) _____
 Work _____ Cell _____
 AHC# _____
 WCB# _____

Physician **USB Copy**

Referring Physician _____
 Address _____
 Tel _____ Fax _____
 Additional report to: _____
 Call/Fax emergency report to: _____

DIAGNOSIS OR RELEVANT HISTORY

Physician Signature _____

LMP _____ Pregnant? Yes No

X-RAY (Walk-in)

Exam(s) Requested _____

BONE MINERAL DENSITOMETRY (BMD)

< 50 yrs must have a referral from an AMA approved specialist
 BMD (DEXA) Baseline Follow-up > 2 Years
 Follow-up < 2 Years **(If selected, must indicate below)**
 Current 'Bisphosphonate Holiday'
 On Therapy: Query drug effect due to adverse clinical features
 Post Transplant Diagnosed Hyperparathyroidism
 Prednisone use > 12 months

BREAST IMAGING

Complete Breast Imaging Assessment:
 (Screening Mammogram and Ultrasound if Dense Breast)
 Screening Mammogram Ultrasound if dense breast (AWBU)
 Diagnostic Mammogram R L
 Diagnostic Breast Ultrasound R L
 Axilla Ultrasound R L

BIOPSIES

Breast Biopsy R L Thyroid Biopsy R L
 Prostate Biopsy T F T= Traditional F= Fusion

VASCULAR ULTRASOUND

Venous DVT Leg: R L Arm: R L
 Other _____

ULTRASOUND

Complete Abdomen *(Including routine liver assessment)*
 Spectral Doppler LOCATION Scrotum
 Renal *(Kidneys & Bladder)* Neck
 Pelvis Thyroid
 Hernia Abdominal Inguinal Other: _____
Please use Liver Specialty Requisition for Liver and SWE requests

OBSTETRICAL ULTRASOUND | MATERNAL FETAL MEDICINE

Complete OB Series (Dating/FTS/Detailed/cervical length screening)
 Exclude cervical length screening
 Dating / Viability
 First Trimester Screening (11w2d-13w6d)
 Routine Anatomical Screening (Approx. 19wks)
 Include cervical length screening
 Fetal Assessment / Growth / Biophysical Profile (BPP)
 Fetal Echo
 Other: _____
To book exams required throughout the pregnancy, check all that apply

DIAGNOSTIC MSK ULTRASOUND

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 _____

Please use the Spine and Pain Requisition for Regenerative Medicine and Injections

NUCLEAR MEDICINE

Bone Scan w/ Spect/ CT Area _____
 Renal Scan Function Diuretic for Obstruction Post Captopril
 Thyroid Scan
 HIDA Scan Gallbladder Function Post-Cholecystectomy
 Meckel's Scan MUGA Scan

PATIENT INSTRUCTIONS

General

- Please arrive 15 minutes in advance of your appointment time.
- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- You will be asked at EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID.
- If you do not have your card you may be asked to return for your examination.
- Please bring your requisition with you.
- Phone to cancel if unable to keep booked appointment.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.

Ultrasound

OBSTETRIC, PELVIC (includes Kidneys & Urinary Bladder) & PROSTATE EXAMS; PELVIC or URINARY BLADDER combined with ABDOMINAL EXAM

Drink four (4) 8-ounce glasses of water, (patients under 80 lbs. and MFM patients drink only 2 glasses) completed 1 hour before your appointment. DO NOT empty your bladder until the exam is completed. If absolutely necessary, bladder may be partially emptied*. (Obstetrical Patients: Please note that if you are beyond 28 weeks, you do not have to fill your bladder and we recommend you eat 1/2 hour prior to study.)

ABDOMINAL EXAM (includes Liver, Kidneys, Gallbladder, Spleen, Pancreas and Abdominal Vessels)

DO NOT EAT for 6 hours prior to exam. Clear fluids allowed. No milk or cream.

Mammography

Deodorants, perfumes, antiperspirants, lotions and body powder can produce abnormal shadows on a mammogram. Do not use them on the day of the mammogram and, if possible, take a shower before to wash off any residue. Wear a 2-piece outfit if possible. If you have premenstrual tenderness, you may delay your appointment until tenderness has subsided. Avoid caffeine for 24-48 hours.

Bone Densitometry – DEXA

Wear loose fitting clothing without zippers or metal. No barium studies one week prior to this exam.

Nuclear Medicine

Type of Study	Preparation	Length
Bone & Joint	None	3 hrs*
Renal Scan	Drink Water†	1-2 hrs
MUGA Heart Scan	None	1 hr
Thyroid Scan	None	30-60 mins
HIDA Scan	4 hr fast	2 hrs
Meckel's Scan	6 hr fast	1 hr

* Injection followed by 1 hour of imaging 2-3 hours later.

† Drink four (4) 8-ounce glasses of water, (patients under 80 lbs. only 2 glasses) during the 2 hours before your appointment.

SEPARATE REQUISITIONS FOR:

Spine & Pain Management, Pediatric Ultrasound, Liver Programs or MRI

Available as PDF downloads on our website, EFW.ca, or call (403) 717-1816

Official diagnostic imaging provider for:



EFW is a proud partner of:



LOCATIONS

WALK-IN GENERAL X-RAY LOCATIONS

NW.....Beddington
 NW.....Cambrian
 NW.....Uxborough
 SW.....Gulf Canada Square
 SW.....Southport Atrium
 SE.....Seton
 AIRDRIE.....Airdrie Clinic

NORTHWEST CALGARY

Beddington

200, 8120 Beddington Blvd. NW, Calgary, AB T3K 2A8
 Phone: (403) 541-1200 Fax: (403) 210-9080

Cambrian

100 & 201, 2000 Veterans Place NW, Calgary, AB T2N 2V2
 Phone: (403) 244-3700 Fax: (403) 210-8382

Calgary Maternal Fetal Medicine Centre

305, 1000 Veterans Place NW, Calgary, AB T3B 4M1
 Phone: (403) 289-9269 Fax: (403) 210-9058

Uxborough

Floor 2, 60 Uxborough Place NW, Calgary, AB T3B 4N2
 Phone: (403) 541-1200 Fax: 403-210-8377

NORTHEAST CALGARY

Sunridge

130, 2851 Sunridge Blvd. NE, Calgary, AB T1Y 7B5
 Phone: (403) 541-1200 Fax: (403) 210-9956

SOUTHWEST CALGARY

Gulf Canada Square

300, 401 - 9th Avenue SW, Calgary, AB T2P 3C5
 Phone: (403) 541-1200 Fax: (403) 210-8392

Southport

A8, 10333 Southport Road SW, Calgary, AB T2W 3X6
 Phone: (403) 541-1200 Fax: (403) 210-9081

SOUTHEAST CALGARY

Seton

116 & 212, 3883 Front Street SE, Calgary, AB T3M 2J6
 Phone: (403) 541-1200 Fax: (403) 210-8377

AIRDRIE

Airdrie

204, 836 - 1st Avenue NW, Airdrie, AB T4B 0V2
 Phone: (403) 541-1200 Fax: (403) 210-9052

MRI Booking: (403) 244-3700 **Fax:** (403) 210-8391

MFM Booking: (403) 289-9269 **Fax:** (403) 210-8381

Patient Records Report Line: (403) 717-1816

Fax: (403) 541-0006

Notice: The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.