

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

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