

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

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

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

DIAGNOSIS OR RELEVANT HISTORY

Physician Signature _____
 LMP _____ Pregnant? Yes No

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

X-RAY (Walk-in)

Exam(s) Requested _____

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 _____

BONE MINERAL DENSITOMETRY (BMD)

BMD (DEXA)

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 Ultrasound Breast and Axilla R L

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

BIOPSIES

Breast Biopsy R L Thyroid Biopsy R L

VASCULAR ULTRASOUND

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

NUCLEAR MEDICINE

Bone Scan w/ Spect. CT Area _____
 Renal Scan Function Diuretic for Obstruction Post Captopri
 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:

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

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

Official diagnostic imaging provider for:



EFW is a proud partner of:



LOCATIONS

WALK-IN GENERAL X-RAY LOCATIONS

NW.....Advanced Medical Imaging Centre
NW.....Beddington
SW.....Gulf Canada Square
SW.....Southport Atrium Clinic
SE.....EFW Radiology Seton
AIRDRIE.....EFW Radiology Airdrie Clinic

NORTHWEST CALGARY

Advanced Medical Imaging Centre
 100, 2000 Veterans Place NW, Calgary, AB T3B 4N2
 Phone: (403) 541-1200 Fax: (403) 210-9088

Advanced Spinal Care Centre North
 201, 2000 Veterans Place NW, Calgary, AB T3B 4N2
 Phone: (403) 244-3700 Fax: (403) 210-8382

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

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

NORTHEAST CALGARY

Sunridge Clinic
 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

Nuclear Cardiology
 210, 1016 - 68th Avenue SW, Calgary, AB T2V 4J2
 Phone: (403) 541-0033 Fax: (403) 210-8389

Prostate Cancer Institute
 Rockyview General Hospital
 6500, 7007 - 14th Street SW, Calgary, AB T2V 1P9
 Phone: (403) 541-1200 Fax: (403) 210-8388

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

SOUTHEAST CALGARY

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

Advanced Spinal Care Centre South
 212, 3883 Front Street SE, Calgary, AB T3M 2J6
 Phone: (403) 244-3700 Fax: (403) 210-8382

AIRDRIE

EFW Radiology Airdrie Clinic
 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

Film and Report Line: (403) 717-1816 **Fax:** (403) 541-0006