

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

DIAGNOSIS OR RELEVANT HISTORY

Physician Signature _____

LMP _____ **Pregnant?** Yes No

X-RAY (Walk-in)

Exam(s) Requested _____

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

BIOPSIES

Breast Biopsy R L Thyroid Biopsy R L

VASCULAR ULTRASOUND

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

ULTRASOUND

Complete Abdomen *(Including routine liver assessment)*
 Spectral Doppler 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 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