



WOMEN'S HEALTH IMAGING REQUISITION

CENTRAL BOOKING

Ph 780-450-1500 Toll Free 1-800-355-1755

Fax 780-450-9551

Official Imaging Provider for:



PROVIDING IMAGING EXCELLENCE

No appointment needed for general X-Ray

*** ALL EXAMINATIONS *** PLEASE BRING YOUR HEALTH INSURANCE CARD AND ANOTHER PIECE OF IDENTIFICATION WITH THIS FORM.

NAME: _____

ADDRESS: _____

PHONE: RES: _____ OTHER: _____

DATE OF BIRTH: mm/dd/yyyy AGE: _____

INSURANCE #: _____ WCB (Y / N) OTHER: _____

APPOINTMENT DETAILS

DATE: _____

TIME: _____

CLINIC LOCATION: _____

Refer to Preparation Instructions on Reverse

LOCATIONS

EDMONTON

HYS MEDICAL CENTRE
#202, 11010 - 101 ST NW

ALLIN CLINIC (X-ray Only)
B1, 10155 - 120 ST NW

TAWA CENTRE ☺
#200, 3017 - 66 ST NW

COLLEGE PLAZA
7TH FLR, 8215 - 112 ST NW

CENTURY PARK ☺
#201, 2377 - 111 ST NW

TERRA LOSA
9566 - 170 ST NW

NAMAO 160
#209, 15961 - 97 ST NW

WINDERMERE
#201, 6103 CURRENTS DR NW

ST. ALBERT

SUMMIT CENTRE ☺
#102, 200 BOUDREAU RD

GRANDIN X-RAY (X-ray Only)
1 ST. ANNE ST

SHERWOOD PARK

SYNERGY WELLNESS CENTRE
#109, 501 BETHEL DRIVE

FT. SASKATCHEWAN

SOUTHPOINTE
#115, 9332 SOUTHFORT DRIVE

Hours of operation vary by location
☺ Extended Hours available for X-ray

X-RAY EXAMS REQUESTED:

ULTRASOUND **Refer to Preparation Instructions on Reverse**

- Abdomen
- Gyne/Pelvic
- Renal
- Bladder
- Anal Sphincter
- Other _____

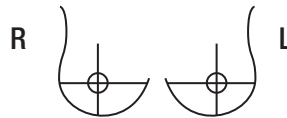
OBSTETRIC *To book future appointments, please check all that apply

- Early Obstetric (<12 weeks)
Appt: _____
- Nuchal Translucency Screening (11w1d to 13w6d)
Appt: _____
- Routine Obstetric (2nd Trimester)
 + Uterine Artery Doppler
Appt: _____

- Multiple pregnancy
↳ Twins Other _____
- Complete 3rd Trimester Obstetric
- BPP including Complete 3rd Trimester Obstetric
- Limited BPP – score only & AFI
- Limited 3rd Trimester – fetal position
- Limited 3rd Trimester – cervical length
- Limited 3rd Trimester – placenta localization

BREAST IMAGING

- Screening Mammography (No Signs or Symptoms)
- Diagnostic Mammography (Provide History)
- Breast Ultrasound R _____ L _____
- Biopsy / Other (Needle localization, cyst aspiration)



BONE DENSITOMETRY

- Spine and Hip
- Thoracic and Lumbar Spine Correlative X-Rays

WHOLE BODY COMPOSITION

SIGNIFICANT CLINICAL HISTORY

STAT REPORT INSTRUCTIONS

_____ STAT fax report

_____ STAT verbal report to#:

DIABETIC? YES NO DATE OF L.M.P. mm/dd/yyyy PATIENT'S SIGNATURE _____

PRACTITIONER'S NAME: _____

PRACTITIONER'S ADDRESS: _____

COPY TO: _____ FAX COPY: _____

SIGNATURE: _____

PHYSICIAN'S STAMP & PRACTICE ID

ALL EXAMINATIONS PLEASE BRING YOUR HEALTH INSURANCE CARD AND ANOTHER PIECE OF IDENTIFICATION WITH THIS FORM.

If you have any questions about your exam, exam preparation, or need to change your appointment, please contact: **Central Booking at 780-450-1500 or call toll-free at 1-800-355-1755**

If you are unable to keep your appointment, telephone to cancel it. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

PATIENT EXAM PREPARATION INSTRUCTIONS

ULTRASOUND

○ ABDOMEN ULTRASOUND

Nothing to eat or drink after midnight.

○ PELVIC, RENAL, BLADDER, NUCHAL TRANSLUCENCY SCREENING, OR OBSTETRICAL (You may continue to eat)

○ Empty your bladder. ○ Drink 1 litre of water. ○ Finish drinking the full amount one hour prior to the examination. ○ Do not empty your bladder again prior to the examination.

○ BIOPHYSICAL PROFILE (BPP)

○ Empty your bladder. ○ Drink 500ml of water. ○ Finish drinking the full amount one hour prior to the examination. ○ Have a snack prior to the exam. ○ Do not empty your bladder again prior to the examination.

○ ABDOMEN WITH PELVIC ULTRASOUND

○ Nothing to eat after midnight. ○ The day of your exam, empty your bladder, then drink 1 litre of water. ○ Finish drinking the full amount one hour prior to the examination. ○ Do not empty your bladder again prior to the examination.

*All other ultrasound examinations listed do not require patient preparation.

MAMMOGRAPHY

*If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.

Do not use perfume, deodorant, antiperspirant or talcum before the examination. If you experience premenstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two piece outfit. At the time of booking, you will be asked where your previous mammogram was done.

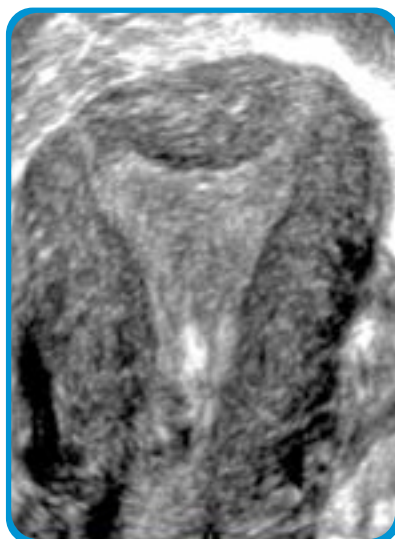
BONE MINERAL DENSITOMETRY

*If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.

Wear comfortable clothing (sweatpants, etc.) and if possible no zippers or metal.



Nuchal translucency



3D image of an endometrial lining



Fetal ultrasound - 20 weeks gestation

For more information visit:

www.mic.ca

LOCATIONS

EDMONTON

HYS MEDICAL CENTRE
#202, 11010 - 101 ST NW
Fax 780-424-7780

ALLIN CLINIC (X-ray Only)
B1, 10155 - 120 ST NW
Fax 780-488-0238

TAWA CENTRE ☺
#200, 3017 - 66 ST NW
Fax 780-461-7527

COLLEGE PLAZA
7TH FLR, 8215 - 112 ST NW
Fax 780-439-9977

CENTURY PARK ☺
#201, 2377 - 111 ST NW
Fax 780-461-8524

WINDERMERE
#201, 6103 CURRENTS DR NW
Fax 1-888-442-2136

TERRA LOSA
9566 - 170 ST NW
Fax 1-877-543-8044

NAMA0 160
#209, 15961 - 97 ST NW
Fax 1-877-433-9020

MRI & CT

(Separate requisition required)

MRI COLLEGE PLAZA
7TH FLR, 8215 - 112 ST NW
Fax 780-433-7286

MRI & CT CENTURY PARK
#201, 2377 - 111 ST NW
Fax 780-433-7286

ST. ALBERT

SUMMIT CENTRE ☺
#102, 200 BOUDREAU RD
Fax 780-459-2376

GRANDIN X-RAY (X-ray Only)
1 ST. ANNE ST
Fax 780-458-9096

SHERWOOD PARK

SYNERGY WELLNESS CENTRE
#109, 501 BETHEL DRIVE
Fax 780-392-1268

FT. SASKATCHEWAN

SOUTHPOINTE
#115, 9332 SOUTHFORT DRIVE
Fax 780-392-1269

ADMINISTRATION:

HYS CENTRE
#203, 11010 - 101 ST NW
EDMONTON, AB
Fax 780-425-5979

Hours of operation vary by location
☺ Extended Hours available for X-ray