



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: _____ MALE FEMALE

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

APPOINTMENT DETAILS

DATE: _____

TIME: _____

CLINIC LOCATION: _____

Refer to Preparation Instructions on Reverse

LOCATIONS

www.mic.ca

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

SIGNIFICANT CLINICAL HISTORY

DIABETIC? YES NO

DATE OF L.M.P. _____

PREGNANT? YES NO

PATIENT'S SIGNATURE: _____

X-RAY EXAMS REQUESTED:

FLUOROSCOPY

- Esophagus
- S & D
- S & D Small bowel follow through
- Small bowel follow through only

ULTRASOUND

*Preparation required for exams marked with **

- Abdomen*
 - +elastography (liver fibrosis)
- Pelvis*
- Renal*
- Bladder*
- Anal Sphincter (female only)
- MSK – Site: _____
(eg. patella tendon, rotator cuff)
- Thyroid
- Neck
- Axilla R ___ L ___
- Scrotal
- Hernia: _____

OBSTETRIC

- Early Obstetric < 12 wk*
- Nuchal Translucency*
Screening (11w1d to 13w6d)
- Routine Obstetric*
- 3 T Obstetric*
- Biophysical Profile*
- Twin Pregnancy*
- Obstetric Limited*

VASCULAR

- Echocardiogram
- Carotid
- Lower Extremity:
 - Venous Doppler (DVT) R ___ L ___
 - PAD Screening (ABI)
 - Varicose Vein Assessment (EVA) R ___ L ___
- OTHER _____

PAIN MANAGEMENT

- Ultrasound Guided Injection
- Fluoroscopy Guided Injection

Site: _____
(eg. hip, facet, etc.)

- Left
- Right
- Both

BLOOD THINNERS? YES NO

NUCLEAR MEDICINE

- Biliary Scan (HIDA) (approx 2 hours)
- Gallium Scan (15 min., return 48 - 72 hours later for 1 hour)
- Bone Scan (15 min., return approx 2-3 hours later for 1 hour)

- MUGA (Gated Cardiac Scan) (approx. 1 hour)
- Myocardial Perfusion Imaging with Ejection Fraction (MIBI)
(For MIBI exams, please use **CARDIAC REQUISITION**)
- Meckel's Scan (approx. 1 hour)
- Renal Imaging Captopril Diuretic Other (approx. 1 hr)

STAT REPORT INSTRUCTIONS

- STAT fax report
- STAT verbal report to#:
- _____
- Send copy of x-rays with the patient

BONE DENSITOMETRY

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

WHOLE BODY COMPOSITION

BREAST IMAGING

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



EXERCISE STRESS TEST (EST)

(For EST exams, please use **CARDIAC REQUISITION**)

PRACTITIONER'S NAME: _____

PRACTITIONER'S ADDRESS: _____

COPY TO: _____ FAX COPY: _____

SIGNATURE: _____

PHYSICIAN'S STAMP
& PRACTICE ID

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

FLUOROSCOPY

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

○ ESOPHAGUS, STOMACH AND DUODENUM and/or SMALL BOWEL

Do not eat or drink anything, including water, after midnight the night before your examination (if your exam is scheduled after 1:00 p.m., you may have 1 slice of dry toast and 1 cup of clear liquid prior to 7:30 a.m.).

Small bowel - Time for examination varies, but may take as long as 4 hours.

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.**

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.

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.

NUCLEAR MEDICINE

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

EXAM	PREPARATION	APPROXIMATE EXAM TIME
Biliary Scan (HIDA)	Nothing to eat or drink after midnight	2 hours
Gallium Scan	No preparation prior to injection. Involves 3 separate days: ○ The first for injection ○ Two days later for images, which takes 45 minutes.	15 minutes, return 48 - 72 hours later for 1 hour
Bone Scan	Bring most recent relevant x-rays	15 minutes, return approx. 2 - 3 hours later for 1 hour
MUGA (Gated Cardiac Scan)	None	1 hour
Meckel's Scan	Starting at 8:00 am, 1 day prior to exam, take 150mg Zantec every 4 hours (total 4 doses). Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic, others)	Drink 4 cups of fluids 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Captopril)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 4 cups of fluids 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own physician.	1 hour

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