DIAGNOSTIC IMAGING REQUISITION

RadiologyAssociates

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☐ 1122 Scenic Drive South
☐ U3T MRI at U of L
☐ 65 Columbia Blvd West
☐ 1605 9th Ave S

www.lethbridgeradiology.com

PATIENT

APPOINTMENT DATE / TIME:

BRING VALID HEALTH CARE CARD & THIS FORM. If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment. **NO SHOWS MAY BE CHARGED. CHILDREN ARE NOT ALLOWED IN EXAM ROOMS. CHILD CARE IS NOT PROVIDED**

NAME: (LAST) (FIRST) (MIDDLE) ☐ AHC #: ☐ OUT OF PROVINCE

ADDRESS: CITY: ☐ WCB ☐ PATIENT ☐ PRIVATE

POSTAL CODE: PROVINCE: AGE: DOB: (MM / DD / YEAR) LMP: (MM / DD / YEAR)

PHONE #: (HOME) (WORK / CELL) ☐ MALE ☐ FEMALE PREGNANT: ☐ YES ☐ NO

REFERRAL

ORDERING PHYSICIAN: SEND COPY TO:

CLINIC NAME: CLINIC NAME:

FAX REPORTS TO #: FAX REPORTS TO #:

HISTORY & PROVISIONAL DIAGNOSIS:

☐ Wheelchair, walker, limited mobility, etc. (allow more time)

☐ Relevant prior imaging:_____ (LOCATION AND DATE OF EXAM)

_____ M.D.

EXAM

☐ **X-RAY** (No preparation required)

BODY PART:_____

☐ **MAMMOGRAPHY**

☐ IMPLANTS (requires more time)

☐ PREVIOUS BREAST CANCER

On the day of the exam, wash off all deodorants, perfumes, powders and/or lotions under the arm and across the chest.

☐ **BREAST ULTRASOUND**

☐ BILATERAL ☐ LEFT ☐ RIGHT

☐ **AUTOMATED BREAST ULTRASOUND (IF INDICATED)**

ULTRASOUND (PREPARATION REQUIRED)

☐ **ABDOMEN**

☐ ELASTOGRAPHY

☐ APPENDIX (FULL BLADDER REQUIRED)

After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment time. Medication(s) can be taken with a small amount of water.

☐ **PELVIS AND KIDNEYS**

☐ APPENDIX

FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full,the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).

☐ **ABDOMEN AND PELVIS**

After midnight, nothing to eat, no chewing gum or candies and no smoking. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total).

☐ **ABDOMINAL WALL (NO FASTING REQUIRED)**

SITE: _____

☐ **ARTERIAL DOPPLER ***

☐ Upper extremities (No preparation)

☐ Lower extremities

☐ Renal arteries

After midnight, nothing to eat. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. Void when necessary.

***PLEASE FAX REQUISITION TO BOOK ARTERIAL EXAMS**

☐ **BONE DENSITOMETRY**

Bring a list of all prescribed medications and amount of calcium and vitamin D in supplement form. No metal (including zippers and underwire bras) from the armpit down to just above the knees. If possible, remove bellybutton ring. No contrast exams (e.g., barium, CT, MRI, or nuclear imaging studies) for one week prior to BMD. **Weight limit is 330 lb for this exam.**

☐ **BODY COMPOSITION** (a charge will apply, call for more information)

ULTRASOUND (NO PREPARATION REQUIRED)

☐ **ECHOCARDIOGRAM**

☐ PRIOR VALVE REPLACEMENT

TYPE:_____ ANNULAR SIZE:_____

☐ **ARM VENOUS DOPPLER** ☐ **LEG VENOUS DOPPLER**

☐ BILATERAL ☐ LEFT ☐ RIGHT

☐ **CAROTID DOPPLER**

☐ **HERNIA**

☐ VENTRAL ☐ UMBILICAL ☐ INCISIONAL

☐ **MUSCULOSKELETAL**

ACHILLES	☐ LEFT	☐ RIGHT	☐ BILATERAL	
ANKLE	☐ LEFT	☐ RIGHT		
ELBOW	☐ LEFT	☐ RIGHT		
FINGER	☐ LEFT	☐ RIGHT	SITE:_____	
FOOT	☐ LEFT	☐ RIGHT		
HAND	☐ LEFT	☐ RIGHT		
HIP	☐ LEFT	☐ RIGHT		
KNEE	☐ LEFT	☐ RIGHT		
SHOULDER	☐ LEFT	☐ RIGHT	☐ BILATERAL	
WRIST	☐ LEFT	☐ RIGHT		

☐ **NECK**

☐ **PEDIATRIC HIPS** EDC: _____

☐ **SCROTUM**

☐ **SOFT TISSUE** SITE:_____

☐ **THYROID**

☐ **VEIN MAPPING**

☐ **VEIN THERAPY CONSULT** (Requires a separate letter of request)

OTHER: