

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**

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 \_\_\_\_\_  
 C.I.M.T. (Carotid Intima Media Thickness)

**ULTRASOUND**

Complete Abdomen  Thyroid  
 Spectral Doppler   Scrotum  
 Renal (Kidneys & Bladder)  Neck  
 Pelvis  Other: \_\_\_\_\_  
 Hernia  Abdominal  Inguinal

**OBSTETRICAL ULTRASOUND (MATERNAL FETAL MEDICINE)**

Complete OB Series (Dating / FTS / Detailed)  
 Dating / Viability  
 First Trimester Screening (11w2d-13w6d)  
 Routine Anatomical Screening (Approx~19wks)  
 Growth / Biophysical Profile (BPP)  
 MFM Fetal Assessment / BPP  
 MFM Fetal Echo  
 MFM High Risk  
 Other: \_\_\_\_\_

*To book exams required throughout the pregnancy, check all that apply*

**DIAGNOSTIC MSK ULTRASOUND**

Rotator Cuff/Shldr  Mass   Other Joint \_\_\_\_\_  
 Tendon   Ligament

**MSK REGENERATION AND PERFORMANCE**

PHYSIATRY • SPORT MEDICINE Clinical Assessment and Consult  
 Ultrasound Guided Therapy

**SPECIALIZED THERAPY**

Rotator Cuff-lavage  
 Peripheral Nerve Injection:   
 Tenotomy

**Uninsured**

Prolotherapy  
 Platelet Rich Plasma Injection PRP

**NUCLEAR MEDICINE**

Bone Scan  Specific Area \_\_\_\_\_  
 Renal Scan  Function  Diuretic for Obstruction  Post Captopril  
 MUGA Scan  
 Thyroid Scan  
 HIDA Scan  Gallbladder Function  Post-Cholecystectomy  
 Meckel's Scan

PLEASE SEND MORE REQUISITIONS

**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, 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
- NW**.....Foothills Professional Building
- SW**.....Gulf Canada Square
- SW**.....Southport Atrium Clinic
- SE**.....EFW Radiology Seton – Open Jan 2017
- 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

**Foothills Professional Building**  
148, 1620 - 29th Street NW, Calgary, AB T2N 4L7  
Phone: (403) 541-1200 Fax: (403) 210-9059

**MSK Regeneration and Performance Centre**  
201, 2000 Veterans Place NW, Calgary, AB T3B 4N2  
Phone: (403) 541-1200 Fax: (403) 210-8377

**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 – Open Jan 2017**  
212, 3883 Front Street SE, Calgary, AB T3M 2J6  
Phone: (403) 541-1200 Fax: (403) 210-8377

**Advanced Spinal Care Centre South – Open Jan 2017**  
212, 3883 Front Street SE, Calgary, AB T3M 2J6  
Phone: (403) 244-3700 Fax: (403) 210-8382

**Quarry Park Maternal Fetal Medicine**  
130, 109 Quarry Park Blvd. SE, Calgary, AB T2C 5E7  
Phone: (403) 289-9269 Fax: (403) 210-9961

**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) 541-1200 Fax: (403) 210-8377**

**MFM Booking: (403) 289-9269 Fax: (403) 210-8381**

**中文預約電話: (403) 295-1880 Fax: (403) 210-8377**

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