

BOOKING Phone: 587.885.2988 | Fax: 587.885.2989 | Email: Booking@beamradiology.com | www.beamradiology.com

DATE OF REQUEST (D/M/Y): _____ **APPT. DATE (D/M/Y):** _____ **TIME:** _____

PATIENT INFORMATION

Name: _____ F M O Home Phone: _____
Address: _____ Work/Mobile Phone: _____
City/Province: _____ Postal Code: _____ Date of Birth (D/M/Y): _____
AHC: _____ WCB: _____

X-RAY *(Walk-In, No Appointment Necessary)*

Exam Requested: _____

REASON FOR REFERRAL

Pregnancy: Y N
LMP: _____

GENERAL ULTRASOUND

Abdomen
Abdomen Wall (Pain/Lump/Other)
Abdomen and Pelvis
Pelvis: Female/Male
Hernia Abdominal/Inguinal *(Specialist referral only)*
Kidneys/Ureter/Bladder Only
Thyroid
Breast Ultrasound R L
Neck (Lymph Node/Salivary Glands/Mass)
Scrotum
Groin (Pain/ Lump/Other) R L
RLQ/Appendix
Other: _____

MSK ULTRASOUND

(X-ray may be required if patient has not had an X-ray within the last 6 months or if the area has had recent trauma)

Shoulder (Includes Rotator Cuff) R L
Elbow R L
Wrist/Carpal Tunnel R L
Hand/Finger R L
Hip R L
Knee (Includes Baker's Cyst) R L
Ankle/Achilles R L
Foot/Plantar Fascia R L
Ganglion R L
Muscle/Tendon R L
Peripheral Nerve Injection _____
Ultrasound Guided Therapy _____
Rotator Cuff Lavage _____
Tenotomy _____
Other: _____

REFERRER INFORMATION

Name: _____ Prac ID: _____
Address: _____
Phone: _____ Fax: _____

OBSTETRICAL ULTRASOUND

Obstetrical Series *(dating, nuchal translucency, detailed anatomy)*
With Non-Invasive Prenatal Screening (NIPS)

- * Please include NIPS requisition
- * User fee required

Dating/Viability
Advanced First Trimester Screen (aFTS)
(First Trimester Ultrasound + NIPS)

- * Please include NIPS requisition
- * User fee required

Nuchal Translucency
Detailed Anatomy
Include cervical length
Growth/Biophysical Profile (BPP)
Other: _____

INTRAUTERINE ASSESSMENT PROGRAM (IAP)

IUCD insertion date: _____
Pre-Insertion Assessment
Post-Insertion Assessment

VASCULAR ULTRASOUND

Leg Venous Doppler/DVT R L
Arm Venous Doppler/DVT R L
Carotid
Other: _____

PAIN MANAGEMENT

Refer to our Pain Management
requisition.

MRI AND CT

Refer to our MRI & CT
requisition.

REPORT OPTIONS

STAT Phone Report
Send Images with Patient
Copy to: _____

PATIENT INFORMATION

Booking an Appointment

- Please advise us of any mobility issues.
- Notify booking if you are diabetic.
- If the examination requires fasting, you may be booked in an early appointment.
- We require two business days notice if you wish to reschedule or cancel your appointment(s). Please call **587.885.2988**

Day of Appointment

- Please remember to bring the requisition, your Alberta Health Care card and photo ID to your appointment.
- Please follow the appropriate exam preparation instructions below.

EXAM PREPARATION INSTRUCTIONS

ULTRASOUND EXAMINATIONS

Abdominal

Nothing to eat for six (6) hours prior to the examination. Clear fluids are allowed.

Abdomen and Pelvic

Nothing to eat for six (6) hours prior to the examination. One and a half (1 ½) hours prior to the examination drink four 250 ml glasses of water and refrain from urinating. Finish all glasses of water 1 hour prior to the appointment time.

X-Ray

These exams are performed on a walk-in basis. Wear loose fitting clothes without any metal in the area to be scanned.

Obstetrical, Intrauterine Assessment Program and/or Pelvic, Kidneys, Renal, Bladder (Bladders must also be full for this procedure)

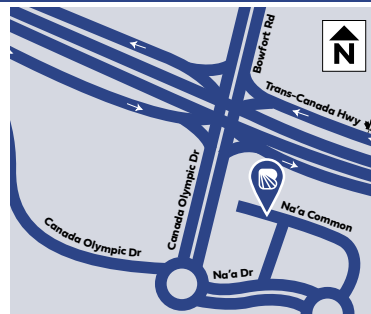
One and a half (1 ½) hours prior to the examination drink four 250 ml glasses of water and refrain from urinating. Finish all glasses of water 1 hour prior to the appointment time.

Obstetrical patients – If you are beyond 28 weeks pregnant, you are not required to fill your bladder. We do recommend that you eat a snack 30 minutes prior to your appointment time.

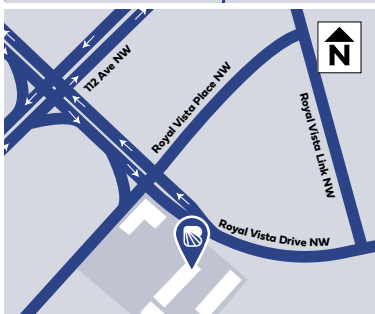
LOCATIONS



Harvest Hills
Suite 201, 178 96 Ave NE,
Calgary, AB T3K 6G4
Complimentary Parking
X-Ray, Ultrasound,
Pain Management



Trinity Hills
340 Na'a Common SW
Calgary, AB T3H 6A3
Complimentary Parking
MRI, CT, X-Ray, Ultrasound,
Pain Management



Royal Oak
Suite 3170, 11 Royal Vista Dr NW,
Calgary, AB T3R 0N2
Complimentary Parking
X-Ray, Ultrasound,
Pain Management



Canmore
Suite 108B, 1205 Bow Valley Tr
Canmore, AB T1W 1P5
Complimentary Parking
Ultrasound, Pain Management