

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
 Address: _____
 City/Province: _____ Postal Code: _____

Home Phone: _____
 Work/Mobile Phone: _____
 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
- Abdomen and Pelvis
- Pelvis
- Kidneys/Ureters/Bladder Only (KUB)
- Thyroid/Neck
- Scrotum
- Groin R L
- Soft Tissue
- Other: _____

VASCULAR ULTRASOUND

- DVT/Venous Doppler Leg Arm R L
- Carotid 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 R L
- Elbow R L
- Wrist/Carpal Tunnel R L
- Hand/Finger R L
- Hip R L
- Knee R L
- Ankle/Achilles R L
- Foot/Plantar Fascia R L
- Soft Tissue R L
- Muscle/Tendon R L
- Ultrasound Guided Therapy* _____
- Rotator Cuff Lavage _____
- Tenotomy _____
- Other: _____

OBSTETRICAL ULTRASOUND

- Obstetrical Series (dating, nuchal translucency, detailed anatomy)**
 - With Non-Invasive Prenatal Screening (NIPS) * User fee required
- Dating/Viability
- Advanced First Trimester Screen (aFTS)
 (First Trimester Ultrasound + NIPS) * User fee required
- Nuchal Translucency
- Detailed Anatomy
 - Include cervical length
- Growth/Biophysical Profile (BPP)
- Other: _____

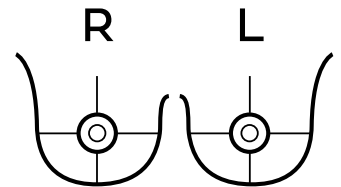
INTRAUTERINE ASSESSMENT PROGRAM (IAP)

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

BREAST IMAGING & INTERVENTIONS

Breast Imaging

- Complete Breast Evaluation** (includes mammogram and breast ultrasound/ABUS if indicated by breast density/radiologist determination)
 - Screening Mammogram
 - Diagnostic Mammogram
 - R L Bilateral
 - Ultrasound
 - R L Bilateral
 - Breast MRI
 - Cancer Detection
 - Implant Integrity



Breast Interventions

- Ultrasound guided biopsy, stereotactic breast biopsy, wire localization, aspiration

Relevant History: _____

PAIN MANAGEMENT

Refer to our Pain Management requisition.

MRI AND CT

Refer to our MRI & CT requisition.

REFERRER INFORMATION

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

REPORT OPTIONS

- STAT Phone Report
- STAT Fax Report
- 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 one (1) hour prior to the appointment time.

Obstetrical, Intrauterine Assessment Program and/or Pelvic, Kidneys, Renal, Bladder

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 one (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.

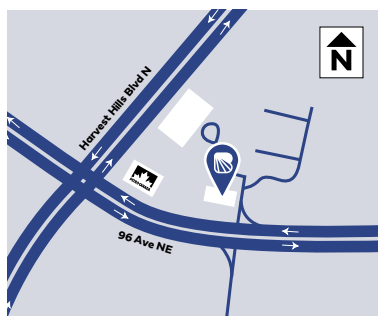
MAMMOGRAPHY

On the day of your exam do not use any deodorant, antiperspirant, lotion, or powders as they can affect the image. If tenderness is an issue delay booking until pre-menstrual tenderness passes and avoid caffeine for 24-48 hours as this can increase sensitivity or tenderness.

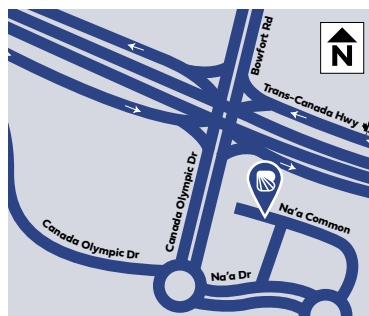
X-RAY

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

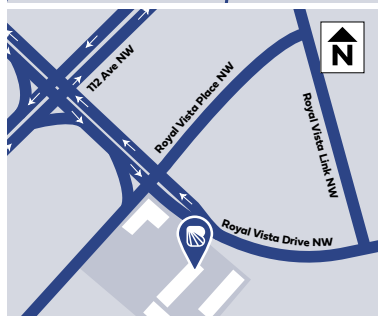
LOCATIONS



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,
Mammography



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