beam General Diagnostic Imaging Requisition

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:

☐ DDR *(Dynamic Digital Radiography)*

REASON FOR REFERRAL

Pregnancy: ☐ Y ☐ N
LMP: _____

GENERAL ULTRASOUND

☐ Abdomen
☐ Pelvis
☐ Renal (Kidneys & Bladder)
☐ Thyroid/Neck
☐ Scrotum
☐ Groin ☐ R ☐ L
☐ Abdominal Wall
☐ Other: _____

VASCULAR ULTRASOUND

☐ DVT/Venous Doppler ☐ Leg ☐ Arm ☐ R ☐ L
☐ Carotid ☐ Carotid Intima Media Thickness (CIMT)

MSK ULTRASOUND *(X-ray added if not done < 6 months or history of trauma)*

☐ MSK CLINICAL REVIEW (Virtual review of patient intake form & imaging by sport medicine with treatment recommendations)

☐ Shoulder	☐ R ☐ L	☐ Biceps
☐ Elbow	☐ R ☐ L	☐ Cubital Tunnel
☐ Wrist	☐ R ☐ L	☐ Carpal Tunnel*
☐ Finger (__D__)	☐ R ☐ L	☐ Trigger Finger
☐ Hand	☐ R ☐ L	☐ Extensor Finger
☐ Hip	☐ R ☐ L	☐ Sports Hernia
☐ Hamstring	☐ R ☐ L	☐ Gluteal/GT Bursa
☐ Knee	☐ R ☐ L	☐ Baker's Cyst
☐ Ankle	☐ R ☐ L	☐ Achilles*
☐ Foot	☐ R ☐ L	☐ Tarsal Tunnel
☐ Neuroma	☐ R ☐ L	☐ Plantar Fascia*

☐ Muscle/Tendon _____ ☐ R ☐ L
☐ Peripheral Nerve _____ ☐ R ☐ L
☐ Soft Tissue Mass _____ ☐ R ☐ L
☐ Synovitis Screen* _____ ☐ Hands ☐ Feet
☐ Other _____ ☐ R ☐ L

** Both sides imaged for internal comparison*

BONE MINERAL DENSITOMETRY (BMD)

☐ BMD (DXA - dual-energy X-ray absorptiometry)

NUCLEAR MEDICINE

☐ Bone Scan (with SPECT/CT as needed)

OBSTETRICAL ULTRASOUND • MATERNAL FETAL MEDICINE

☐ **Routine Obstetrical Series** ***(dating, first trimester screen, detailed anatomy)***
  ☐ With Non-Invasive Prenatal Screening (NIPT) * User fee required
  ☐ Include cervical length

☐ Dating/Viability
First Trimester Screen (select one)
  ☐ Advanced First Trimester Screen (Ultrasound + NIPT) * User fee required
    ☐ Preeclampsia risk assessment screening
  ☐ Nuchal Translucency and Nasal Bone
    ☐ Preeclampsia risk assessment screening
☐ Detailed Anatomy
  ☐ Include cervical length
☐ Growth/Biophysical Profile (BPP)/Fetal Assessment (FAS)
☐ Other: _____
☐ **MFM Consult** (please include letter of referral)

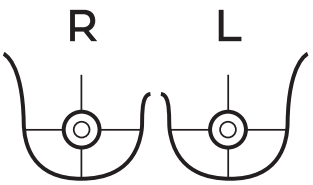
INTRAUTERINE ASSESSMENT PROGRAM (IAP)

IUCD insertion date: _____ dd/mm/yy
☐ 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 Interventions

☐ Biopsy (US-guided or stereotactic), 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: _____

beam

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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

5-27 weeks gestation

Come to your appointment with a moderately full bladder without discomfort. We recommend emptying your bladder 2 hours before your appointment and then drinking 250-500 mL of fluid. This should be completed 30 minutes before your exam. Please eat and take any regularly scheduled medications as usual.

28 weeks gestation and greater

You do not need to fill your bladder unless you are requested. Please eat, drink, and take any regularly scheduled medications as usual.

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.

Pelvic, IAP, Renal (Kidneys and bladder)

One and a half (1 1/2) hours prior to the examination drink four 250ml glasses of water and refrain from urinating. Finish all glasses of water one (1) hour prior to the appointment

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.

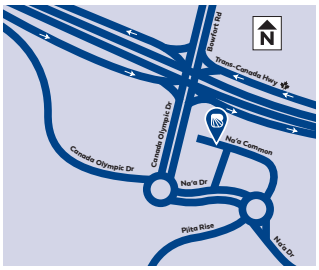
Bone Mineral Densitometry

Please do not take calcium supplements, multivitamins, or antacids for 24 hours before your bone density test. You can take other medications as prescribed. Wear loose, comfortable clothing. If you are pregnant or think you might be pregnant, please let the booker and/or technologist know.

Nuclear Medicine

No preparation required. Length of exam: ~3-4 hrs.*. Please let staff know if you are or think you may be pregnant, or are breastfeeding. The first part of the test will take 15-30 minutes. You will need to come back about 2-3 hours later for another session, which will take around an hour.

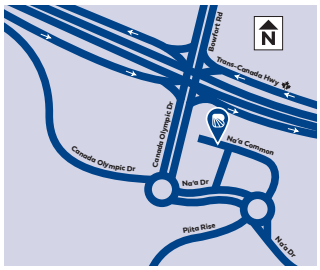
*Injection followed by 1 hour of imaging 2-3 hours later.



Trinity Hills - North Building

480 Na'a Common SW
Calgary, AB T3B 5V6

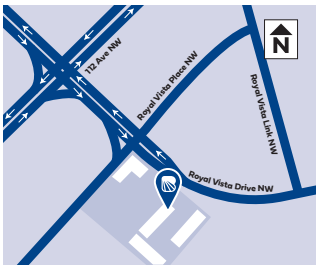
Complimentary Parking
Ultrasound, Maternal Fetal Medicine, Mammography, Nuclear Medicine, Bone Mineral Densitometry, Pain Management



Trinity Hills - South Building

340 Na'a Common SW
Calgary, AB T3H 6A3

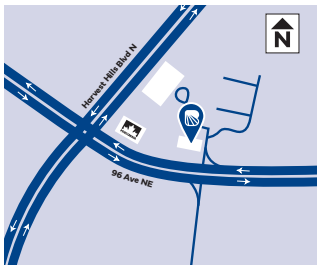
Complimentary Parking
MRI, CT, X-Ray, Ultrasound, Pain Management



Royal Oak

Suite 3170, 11 Royal Vista Dr NW,
Calgary, AB T3R 0N2

Complimentary Parking
X-Ray, Ultrasound, Pain Management



Harvest Hills

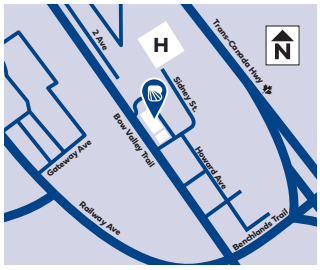
Suite 201, 178 96 Ave NE,
Calgary, AB T3K 6G4

Complimentary Parking
X-Ray, Ultrasound, Pain Management

Sunpark

#201, 51 Sunpark Dr SE
Calgary, AB T2X 3V4

Complimentary Parking
X-Ray, Ultrasound, Pain Management



Canmore

Suite 108B, 1205 Bow Valley Tr
Canmore, AB T1W 1P5

Complimentary Parking
Ultrasound, Pain Management

For more detailed examination preparation details or procedure expectations please visit our website at: www.beamradiology.com