

Date of Issue

Appointment Date

Booking **(403) 541-1200**

Fax **(403) 210-8377**

Appointment Required



**Patient Information** *Place patient label here*

Name \_\_\_\_\_  
 DOB   Male  Female Weight \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 AHC# \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  
 Phone (Res) \_\_\_\_\_  
 Work \_\_\_\_\_ Cell \_\_\_\_\_

**Physician**

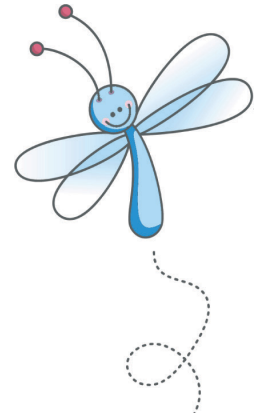
Referring Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 Additional report to: \_\_\_\_\_  
 Call/Fax emergency report to: \_\_\_\_\_

CD Copy

Physician Signature \_\_\_\_\_

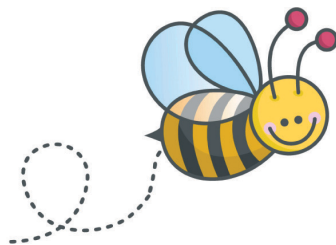
**ULTRASOUND — check all that apply**

- Abdomen
- Pelvis
- Renal (Kidneys/Bladder)
- Bilateral Hips (up to 6 months)
- Cranial (Fontanelle must be open)
- Thyroid
- Spine (under 3 months)
- Neck
- Scrotum /Testicles
- Pylorus
- Hernia
- Other: \_\_\_\_\_



**PHYSICIAN STAMP**

**RELEVANT HISTORY**



Please see reverse for patient instructions

PLEASE SEND MORE REQUISITIONS

## PATIENT INSTRUCTIONS

- Please arrive 10 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.

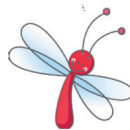


## ULTRASOUND

An appointment is required for ALL ultrasound exams.

### Abdominal Exam

- (Includes kidneys, liver, bile ducts, gallbladder, spleen, pancreas, abdominal vessels)
- 0-35 Months – Do not eat three hours prior to exam time.
- 36 Months and older – Do not eat for six hours prior to exam time. Clear fluids are allowed – no milk or cream.



### Pelvic/Renal Exam

Includes kidneys and urinary bladder.

- 0-35 Months – No preparation is required. Be prepared to spend some time at the clinic, as the sonographer may have to wait until the bladder fills.
- 36 Months - 9 Years – Full bladder is required. Empty bladder one hour prior to the exam, then drink two eight ounce glasses (500 ml) of water. Do not empty bladder until the exam is completed.
- 10 Years and older – Full bladder is required. Empty bladder one hour prior to exam, then drink three eight ounce glasses (750 ml) of water. Do not empty bladder until the exam is completed.



### Combined Exam (Abdomen and Pelvis)

- (Includes kidneys, liver, bile ducts, gallbladder, spleen, pancreas, abdominal vessels, urinary bladder; also includes uterus and ovaries for female patients)
- 0-35 Months – Do not eat three hours prior to exam time. Be prepared to spend some time at the clinic, as the sonographer may have to wait until the bladder fills.
- 36 Months - 9 Years – Do not eat for six hours prior to exam time. Full bladder is required. Empty bladder one hour prior to the exam, then drink two eight ounce glasses (500 ml) of water. Do not empty bladder until the exam is completed.
- 10 Years and older – Do not eat for six hours prior to exam time. Full bladder is required. Empty bladder one hour prior to exam, then drink three eight ounce glasses (750 ml) of water. Do not empty bladder until the exam is completed.



### Neck, Thyroid, Spine, Hips, Cranial and Testicles

- Require no preparation.

### Pediatric Pylorus

- Nothing to eat or drink for 3 hours prior to your exam. Please bring a bottle of formula/breast milk or sterile water which will be required during exam.



## CLINIC LOCATIONS

### SOUTHWEST CALGARY

#### Southport Atrium Clinic

A8, 10333 Southport Road SW, Calgary, AB T2W 3X6  
Phone: (403) 541-1200 Fax: (403) 210-9081  
• General X-ray • Ultrasound • Mammography  
• Bone Mineral Densitometry • Nuclear medicine

### AIRDRIE

#### EFW Radiology Airdrie Clinic

Suite 204, 836 - 1st Avenue NW, Airdrie, AB T4B 0V2  
Phone: (403) 541-1200 Fax: (403) 210-9052  
• General X-ray • Ultrasound • Mammography  
• Bone Mineral Densitometry

Official diagnostic imaging provider for:



EFW is a proud partner of:



## SEPARATE REQUISITIONS FOR:

**General Diagnostic, MRI, or Pain Management & Spine Interventional**

Available as PDF downloads on our website, [efwrad.com](http://efwrad.com), or call (403) 717-1816

**Notice:** The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.