

Name: _____
 Address: _____
 Phone Mobile: _____ Phone Other: _____
 Date of Birth: _____ dd/mm/yyyy Age: _____ Male Female Non-binary
 PHN: _____ WCB (Y/N) Other: _____

Appointment Details
 Date: _____
 Time: _____
 Clinic Location: _____
Refer to Preparation Instructions on Reverse

ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

Locations – For clinic hours of operation, please visit mic.ca

Edmonton Allin Clinic (X-ray only) B1-10155 120 ST NW Century Park 201-2377 111 ST NW	Gateway Clinic 107-6925 Gateway BLVD NW Heritage Valley Town Centre 2903-119A ST SW	Hys Medical Centre 202-11010 101 ST NW Lakewood 201-7319 29 AVE NW Manning Town Centre 15425 37 ST NW	Namao 160 209-15961 97 ST NW Terra Losa 9566 170 ST NW Windermere 201-6103 Currents DR NW	Ft. Saskatchewan SouthPointe 115-9332 Southfort DR Sherwood Park Synergy Wellness Centre 501 Bethel DR 109-Main Clinic 145-Women's Imaging	St. Albert Grandin X-Ray (X-ray only) 1 St. Anne ST Summit Centre 102-200 Boudreau RD Sturgeon Medical Women's Imaging 110-625 St. Albert Trail
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Significant Clinical History

X-Ray Exams Requested:

Stat Report Instructions

STAT fax report

STAT verbal report to #: _____

Send copy of X-rays with the patient

Ultrasound Preparation required for exams marked with*

General

Neck (Salivary glands / Lymph nodes)

Thyroid

Complete Abdomen*

add liver elastography (liver fibrosis)*

HCC Screening Program

add liver elastography (liver fibrosis)*

AAA Limited*

Renal/Bladder*

Pelvis (Female/Male)*

Vascular

Carotid

Echocardiogram

Lower Extremity:

Venous Doppler (DVT) R L

Ankle Brachial Index (ABI)

Varicose Vein Assessment R L

General

RLQ Compression (Appendix)*

Scrotal

Anal Sphincter (female only)

Soft Tissue Mass: _____

Other _____

Obstetric

LMP _____

Complete Obstetrical Series* (early, NT & detailed)

Early Obstetric (< 12 wk)*

Nuchal Translucency Screening* (11w3d to 14w0d)

Detailed Fetal Anatomy(> 18 wk)*

add Uterine Artery Doppler

Obstetric (> 28 wks includes BPP)*

Twin Obstetric*

Musculoskeletal Ultrasound – May include X-ray.
 (MRI is more appropriate for comprehensive joint assessment if greater than 2 areas are of concern, non-specific pain, and internal derangement)

Approximate date of Injury if acute: _____

R L **Shoulder**

R L **Elbow:**

Distal Biceps Triceps

Medial Lateral

R L **Wrist:**

Dorsal Volar

Radial Ulnar

R L **Fingers:**

Trigger finger Ganglion

Capsular Ligaments (digit) _____

R L **Hip:**

Anterior Lateral

Ischial (Hamstrings)

Other: _____

Knee:

(MRI required for ACL/PCL, cartilage and menisci)

R L **Baker's cyst**

R L **Ankle:**

Achilles Medial

Lateral Anterior

R L **Foot:**

Plantar Fascia

Morton's Neuroma

R L **Lump/Mass/Muscle Injury:**

(location) _____

R L **Synovitis: (joints)** _____

Breast Imaging

R L

Screening Mammography and Supplemental Screening Breast Ultrasound (if indicated based on breast density), Asymptomatic

Supplemental Screening Breast Ultrasound

Screening Mammography, Asymptomatic

Diagnostic Mammography (Provide History)

Diagnostic Breast/Axilla Ultrasound (Provide History)

Breast Intervention/Biopsy (Provide History)

Nuclear Medicine

Bone Scan (15 min., return approx 2-3 hours later for 1 hour)

Gallium Scan (15 min., return 48-72 hours later for 1 hour)

Hepatobiliary Scan (HIDA) (approx 2 hours)

Meckel's Scan (approx. 1 hour)

Renal Imaging Diuretic Renovascular Hypertension

Lung VQ Scan

NM Arthrogram (for prosthesis loosening) R L

Site: _____ (eg: hip, knee)

Please use Cardiac Requisition for these 3 exams:

Myocardial Perfusion Imaging (for Nuc Med SPECT or PET) with Ejection Fraction (MPI)

Cardiac Amyloidosis Scan

Cardiac Sarcoidosis Scan

Bone Densitometry

Bone Densitometry

Thoracic and Lumbar Spine (Correlative x-rays)

Baseline

>2 yr follow-up

<2 yr follow-up (applicable risk factors required)

< 50 yrs (must have referral from AMA approved specialist)

Whole Body Composition

Exercise Stress Test (EST)
 (For EST exams, please use **Cardiac Requisition**)

Pain Management

Injection site: (eg. hip, facet, etc.) _____

Right Left Both

Alternately, please refer to our **Pain Management Requisition**.

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to Dr: _____ Fax Copy To: _____

Signature: _____ **Date:** _____

Practitioner's Stamp & Practice ID

Official Diagnostic Imaging Provider for:





ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

If you have any questions about your exam, exam preparation or need to change or cancel your appointment, please contact Central Booking.

*For all examinations (except ultrasound):

1. If it has been more than 28 days since the start of your last period, please confirm with the technologist that you are not pregnant.
2. Some continuous glucose monitoring devices recommend removing the glucose monitor for all radiation imaging exams, while others specify that you only need to remove the device if it is in the direct beam. Some devices say that you don't need to remove them at all. Before scheduling a medical imaging exam at MIC, we recommend that all diabetic patients refer to their glucose monitoring device instructions so they can coordinate their appointment around the replacement of their device. If you are unsure if you will receive radiation during your appointment, please [call our Central Booking team at 780-450-1500](http://mic.ca).

Only exams below require preparation. Please review carefully to ensure the best exam results.

Ultrasound

- **Abdomen, AAA Limited, Liver elastography** Nothing to eat or drink for 6 hours prior to the exam.
- **Pelvic, Renal, Bladder, Nuchal Translucency Screening, or Obstetrical**
(You may continue to eat)
 1. 90 minutes prior to your exam, empty your bladder.
 2. Drink 1 litre of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.
- **Obstetric > 28 weeks includes BPP** (Please have a snack prior to the exam)
 1. 90 minutes prior to your exam, empty your bladder.
 2. Drink 500ml of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.
- **Abdomen with Pelvic or RLQ (Appendix)**
 1. Nothing to eat for 6 hours prior to the exam.
 2. 90 minutes prior to your exam, empty your bladder, then drink 1 litre of water.
 3. Finish drinking the full amount one hour prior to the examination.
 4. Do not empty your bladder again prior to the examination.
- **Anal Sphincter** Exam is done to assess tears of the anal sphincter. Exam is performed both vaginally and transperineal. No preparation required.

Mammography

Do not use perfume, deodorant, antiperspirant or talcum before the examination. If you experience premenstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two piece outfit. At the time of booking, you will be asked where your previous mammogram was done.

Nuclear Medicine *If there has been more than 28 days since your last period, please confirm with the technologist that you are not pregnant.

Exam	Preparation	Approximate Exam Time
Gallium Scan	No preparation prior to injection. Involves 2 separate visits: ○ The first for injection ○ Two days later for images, which takes 1 hour.	15 minutes, return 48 - 72 hours later for 1 hour
Hepatobiliary Scan (HIDA)	Nothing to eat or drink after midnight	2 hours
Meckel's Scan	Starting at 8:00am the <u>day prior</u> to exam take oral Pepcid AC 20 mg (famotidine). A second 20 mg dose should be taken the evening before the exam, and a third 20mg dose taken on the morning of the test with a small sip of water, 1 hour prior to imaging. Total 3 doses. Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic)	Drink 1 liter of fluid 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Renovascular Hypertension)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 1 liter of fluid 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own practitioner.	1 hour
Cardiac Examinations	Refer to preparation instructions on Cardiac Requisition.	
Lung VQ Scan	No Preparation	1 hour

MIC's Nuclear Medicine physicians and radiologists provide support for additional specialized exams in Edmonton hospitals.

Locations

For clinic hours of operation, please visit mic.ca

Edmonton

Allin Clinic (X-ray only)
B1, 10155 120 ST NW
Fax: 780.488.0238

Century Park
201-2377 111 ST NW
Fax: 780.665.4289

Gateway Clinic
107-6925 Gateway BLVD NW
Fax: 1.866.815.1715

Heritage Valley Town Centre
2903-119A ST SW
Fax: 780.665.7063

Hys Medical Centre
202-11010 101 ST NW
Fax: 780.424.7780

Lakewood
201-7319 29 AVE NW
Fax: 780.461.7527

Manning Town Centre
15425 37 ST NW
Fax: 780.665.7276

Namao 160
209-15961 97 ST NW
Fax: 1.877.433.9020

Terra Rosa
9566-170 ST NW
Fax: 1.877.543.8044

Windermere
201-6103 Currents DR NW
Fax: 1.888.442.2136

MRI & CT
(Separate requisition required)

MRI & CT Century Park
201-2377 111 ST NW
Fax: 780.433.7286

MRI Terra Rosa
9566-170 ST NW
Fax: 780.433.7286

Ft. Saskatchewan

SouthPointe
115-9332 Southfort DR
Fax: 780.392.1269

Sherwood Park

Synergy Wellness Centre
501 Bethel Dr
109-Main Clinic
145-Women's Imaging
Fax: 780.392.1268

St. Albert

Grandin X-Ray (X-ray only)
1 St. Anne ST
Fax: 780.458.9096

Sturgeon Medical Women's Imaging
110-625 St. Albert Trail
Fax: 1.866.215.9996

Summit Centre
102-200 Boudreau RD
Fax: 780.459.2376

MIC Business Office Hys Centre
203-11010 101 ST NW, Edmonton
Fax: 780.425.5979