

# REQUISITION

Sherwood Park Clinic  
Toll Free Booking line: 1.877.835.7707  
Fax : (780) 464.1713



APPOINTMENT DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

CLINIC HOURS: Mon - Fri 8am - 4pm  
Toll free booking line : Mon - Fri 8am - 4pm

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB (D/M/Y): \_\_\_\_\_ Sex: Male / Female LMP: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_  
Phone (Res): \_\_\_\_\_ (Other): \_\_\_\_\_  
AHC#: \_\_\_\_\_ WCB#: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

## HISTORY AND INFORMATION

## X-RAY (WALK-IN)

## CARDIOVASCULAR ULTRASOUND

- Arterial Leg  R  L
- Arterial Arm  R  L
- Carotid Arteries
- Heart (Echocardiogram)
- Venous Leg (DVT)  R  L
- Venous Arm (DVT)  R  L
- Other \_\_\_\_\_

## ULTRASOUND

- Early Obstetric <12 Wks
- Nuchal Translucency
- Detailed Fetal Anatomy
- Obstetric ~18 Wks
- Biophysical Profile > 30 wks
- Obstetric Other
- Abdomen
- Breasts  R  L
- Inguinal  R  L
- Kidneys & Bladder ONLY
- Neck
- Other \_\_\_\_\_
- Shoulders
- Scrotum /Testicles
- Thyroid
- Pelvis

## BIOPSIES

- Breast Biopsy
- Thyroid Biopsy

\* Note: Please indicate under History and Information, where previous breast or thyroid exams were completed.

## BONE DENSITOMETRY

- Spine & Hip
- Thoracic Lumbar Spine Correlative Radiographs
- Body Composition Percentage

## MAMMOGRAPHY

- Diagnostic
- Screening

## PEDIATRIC ULTRASOUND



- Abdomen
- Cranial (Fontanelle must be open)
- Hips
- Inguinal  R  L
- Kidneys & Bladder ONLY
- Neck
- Scrotum/Testicles
- Spine
- Thyroid
- Pelvis
- Pylorus
- Other \_\_\_\_\_

## REFERRING PRACTITIONER INFORMATION

Name: \_\_\_\_\_

Practitioner's ID/Stamp:

Signature: \_\_\_\_\_

Copy To: \_\_\_\_\_

STAT Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Send CD with Patient

\* See REVERSE For Instructions \*

## PATIENT INSTRUCTIONS

Appointment Day: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

1. Please arrive 15 minutes prior to your scheduled appointment.
2. Please bring your Alberta Health Care card and this signed form.
3. Phone **(780) 464-1174** if you are UNABLE to KEEP your appointment.

## INSTRUCTIONS FOR MAMMOGRAPHY

Please do not use deodorant, antiperspirant, oily lotion or talcum powder before the examination as they can interfere with the images obtained. If possible, please shower before your appointment. At the time of booking please inform us if you have had previous mammograms done and where they were done.

## INSTRUCTIONS FOR BONE DENSITOMETRY

No preparation required. Please wear clothing without snaps, zippers or buttons. At the time of booking please inform us if you have had previous bone mineral densitometries done and where they were done.

## INSTRUCTIONS FOR ULTRASOUND

**PELVIS, EARLY OBSTETRIC, NUCHAL TRANSLUCENCY, DETAILED OBSTETRIC - 18 WEEKS OR OBSTETRIC:** This exam requires a FULL BLADDER. Please **drink and finish** FOUR glasses of water (8 oz. each) ONE HOUR prior to your appointment. Do NOT empty your bladder until AFTER the examination. You may eat your regular meals and/or snack prior to your appointment.

**BIOPHYSICAL PROFILE OR PREGNANCY 30 WEEKS AND OVER:** This exam requires a PARTIALLY FULL BLADDER. Please drink and finish TWO glasses of water (8oz. each) 45 MINUTES prior to your appointment. Do NOT empty your bladder until AFTER the examination. You may continue to eat, please have a large snack one hour prior to your appointment.

**ABDOMEN:** This exam requires that you DO NOT EAT, DRINK, or CONSUME ANYTHING BY MOUTH 6 HOURS prior to your appointment. Please do NOT SMOKE or CHEW GUM for 4 hours prior to your appointment.

**COMBINED ABDOMEN AND PELVIS:** This exam requires that you do NOT EAT, SMOKE or CHEW GUM for 6 hours prior to your appointment, EXCEPT drink and finish FOUR (8 oz each) glasses of water ONE HOUR prior to your appointment. Do not empty your bladder until AFTER the exam.

**KIDNEYS AND BLADDER:** This exam requires that you DO NOT EAT, DRINK, or CONSUME ANYTHING BY MOUTH 6 HOURS prior to your appointment, EXCEPT **drink and finish** FOUR (8 oz each) glasses of water ONE HOUR prior to your appointment. Do NOT empty your bladder until AFTER the examination. Please do NOT SMOKE or CHEW GUM for 4 hours prior to your appointment.

## INSTRUCTIONS FOR PEDIATRIC ULTRASOUND

**ABDOMEN:** For infants and children 0-2 years: No food or milk 3 hours prior to exam. For children 2 years and older: Do not eat or drink for 6 hours prior to your appointment. Clear fluids are allowed. No milk, pop or chewing gum.

**COMBINED ABDOMEN AND PELVIS:** For infants and children 0-2 years: No food or milk 3 hours prior to exam. Water or juice 1-2 hours prior to the exam is useful to fill the bladder. For children 2 years and older: Do not eat or drink for 6 hours prior to your appointment. Please drink and finish 2-3 glasses of water or juice (8oz each) 1-2 hours prior to your appointment. Do not empty bladder. No milk, pop or chewing gum.

**KIDNEYS AND BLADDER:** Fasting is not required. For infants and children who are not toilet trained: no preparation is required. Water or juice 1-2 hours prior to the exam is useful to fill the bladder. For children who are toilet trained: A full bladder is required for this examination. Please drink and finish 2-3 glasses of water or juice (8oz each) 1-2 hours prior to your appointment. Do not empty bladder.

**NECK/THYROID/SPINE/HIPS/CRANIAL/TESTICLES/SCROTUM/INGUINAL REGION:** Require no preparation.

**PEDIATRIC PYLORUS:** Nothing by mouth for 3 hours prior to your appointment. Please bring a bottle of formula/breast milk or sterile water. May be required during exam.

### Sherwood Park Clinic

Synergy Wellness Centre 109, 501 Bethel Drive,  
Sherwood Park, Alberta T8H 0N2

Phone: 780.464.1174

Fax: 780.464-1713

Mon - Fri 8am -4pm

- Ultrasound
- Echo
- X-Ray
- Bone Density
- Digital Mammography



  
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