



GENERAL REQUISITION



Central Booking

Ph 780.450.1500 Toll Free 1.800.355.1755
Fax 780.450.9551 | mic.ca



Appointment Details

Date: _____
Time: _____
Clinic Location: _____

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

Refer to Preparation Instructions on Reverse

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

Locations – Hours of operation vary by examination Extended Hours available for X-ray

Edmonton Allin Clinic (X-ray only) B1-10155 120 St NW Century Park 201-2377 111 St NW	College Plaza 7th Flr-8215 112 St NW Gateway Clinic 107-6925 Gateway BLVD NW	Hys Medical Centre 202-11010 101 ST NW Tawa Centre 200-3017 66 ST NW Terra Losa 9566 170 ST NW	Namao 160 209-15961 97 ST NW Windermere 201-6103 Currents DR NW	Ft. Saskatchewan SouthPointe 115-9332 Southfort DR Sherwood Park Synergy Wellness Centre 109-501 Bethel DR	St. Albert Grandin X-Ray (X-ray only) 1 St. Anne St Summit Centre 102-200 Boudreau Rd
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Significant Clinical History

Date of L.M.P: _____
Pregnant: Yes No
Patient's Signature: _____

Stat Report Instructions

STAT fax report
 STAT verbal report to #: _____
 Send copy of X-rays with the patient

X-Ray Exams Requested:

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 Screen*
- Renal/Bladder*
- Pelvis (Female/Male)*

Vascular

- Carotid
- Echocardiogram
- Lower Extremity:
 - Venous Doppler (DVT) R ___ L ___
 - Ankle Brachial Index (ABI)
 - Varicose Vein Assessment R ___ L ___
- Other: _____

General

- RLQ Compression (Appendix)*
- Scrotal
- Anal Sphincter (female only)
- Soft Tissue Mass: _____
- Other _____

Obstetric

- Complete Obstetrical Series* (early, NT & detailed)
- Early Obstetric (< 14 wk)*
- Nuchal Translucency Screening* (11w3d to 14w0d)
- Detailed Fetal Anatomy(> 18 wk)*
 - add Uterine Artery Doppler
- Obstetric (> 28 wks includes BPP)*
- Twin Obstetric*
- Other: _____

Musculoskeletal Ultrasound – May include X-ray.

(MRI is more appropriate for general joint assessment, non-specific pain, and internal derangement)

Approximate date of Injury if acute: _____

R O L Shoulder

- R O L Elbow:
 - Distal Biceps Triceps
 - Medial Lateral

R O L Wrist:

- Dorsal Volar
- Radial Ulnar

R O L Fingers:

- Trigger finger Ganglion
- Capsular Ligaments (digit) _____

R O L Hip:

- Anterior Lateral
- Ischial (Hamstrings)

Other: _____

R O L Knee:

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

R O L Baker's cyst

R O L Ankle:

- Achilles Medial
- Lateral Anterior

R O L Foot:

- Plantar Fascia
- Morton's Neuroma

R O L Lump/Mass/Muscle Injury: (location) _____

R O L Synovitis: (joints) _____

Breast Imaging

- Screening Mammography
- Screening Mammography with ABUS if indicated
- Breast Ultrasound R ___ L ___
- Axilla R ___ L ___
- Breast Biopsy

- Diagnostic Mammography (Provide History)



Gastrointestinal Imaging

- Esophagus
- E, S & D (Esophagus, Stomach & Duodenum)
- E, S & D Small bowel follow through
- Small bowel follow through only

Whole Body Composition

Bone Densitometry

- Bone Densitometry
- Thoracic and Lumbar Spine (Correlative x-rays)

Pain Management

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

- Left Right Both

Blood Thinners? Yes No

Alternately, please refer to our Pain Management Requisition.

Exercise Stress Test (EST)

(For EST exams, please use Cardiac Requisition)

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)
- Myocardial Perfusion Imaging with Ejection Fraction (MIBI) (For MIBI exams, please use Cardiac Requisition)
- Renal Imaging Diuretic Captopril
- NM Arthrogram (for prosthesis loosening) R ___ L ___
Site: _____ (eg: hip, knee)

Practitioner's Name: _____
Practitioner's Address: _____
Clinic Ph: _____ Clinic Fax: _____
Copy to: _____ Fax Copy: _____
Signature: _____

Official Diagnostic Imaging Provider for:

Practitioner's Stamp & Practice ID





EXAM PREPARATION



Central Booking

Ph 780.450.1500 Toll Free 1.800.355.1755

Fax 780.450.9551 | mic.ca

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. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

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

Ultrasound

Abdomen, AAA Screen, Liver elastography Nothing to eat or drink after midnight.

Pelvic, Renal, Bladder, Nuchal Translucency Screening, or Obstetrical

(You may continue to eat)

- | | | |
|----------------------------|---|--|
| 1. Empty your bladder. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. Drink 1 litre of water. | | |

Obstetric > 28 weeks includes BPP *(Please have a snack prior to the exam)*

- | | | |
|--------------------------|---|--|
| 1. Empty your bladder. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. Drink 500ml of water. | | |

Abdomen with Pelvic or RLQ (Appendix)

- | | | |
|---|---|--|
| 1. Nothing to eat after midnight. | 3. Finish drinking the full amount one hour prior to the examination. | 4. Do not empty your bladder again prior to the examination. |
| 2. The day of your exam, empty your bladder, then drink 1 litre of water. | | |

Gastrointestinal Imaging

**If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.*

Esophagus, Stomach and Duodenum and/or Small Bowel

Do not eat or drink anything, including water, after midnight the night before your examination *(if your exam is scheduled after 1:00 p.m., you may have 1 slice of dry toast and 1 cup of clear liquid prior to 7:30 a.m.)*. Small bowel - Time for examination varies, but may take as long as 4 hours.

Mammography

**If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.*

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 is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.*

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 8:00 am, 1 day prior to exam, take 150mg Zantac every 4 hours <i>(total 4 doses)</i> . Nothing to eat or drink after midnight.	1 hour
Renal Scan: (Diuretic)	Drink 4 cups of fluids 1 hour prior to exam	Ranges from 45 minutes to 2 hours
Renal Scan: (Captopril)	Patient off ACE inhibitors for 48 hours. No breakfast. Drink 4 cups of fluids 1 hour prior to exam. Take 50mg of CAPTOPRIL 1 hour prior to examination as prescribed by your own practitioner.	1 hour

Locations

Hours of operation vary by examination

🕒 *Extended Hours available for X-ray*

Edmonton

Allin Clinic *(X-ray only)*

B1, 10155 120 ST NW
Fax: 780.488.0238

🕒 **Century Park**

201-2377 111 ST NW
Fax: 780.461.8524

College Plaza

7th Flr-8215 112 ST NW
Fax: 780.439.9977

Gateway Clinic

107-6925 Gateway BLVD NW
Fax: 1.866.815.1715

Hys Medical Centre

202-11010 101 ST NW
Fax: 780.424.7780

Namao 160

209-15961 97 ST NW
Fax: 1.877.433.9020

🕒 **Tawa Centre**

200-3017 66 ST NW
Fax: 780.461.7527

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 College Plaza

7th Flr-8215 112 ST NW
Fax: 780.433.7286

Ft. Saskatchewan

SouthPointe

115-9332 Southfort DR
Fax: 780.392.1269

Sherwood Park

Synergy Wellness Centre

109-501 Bethel DR
Fax: 780.392.1268

St. Albert

Grandin X-Ray *(X-ray only)*

1 St. Anne ST
Fax: 780.458.9096

🕒 **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