medical imaging consultants
PROVIDING IMAGING EXCELLENCE

REQUISITION
CENTRAL BOOKINGS

Ph **780-450-1500** Toll Free **1-800-355-1755** Fax **780-450-9551**

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

ALL EXAMINATIONS PLEASE BRING YOUR HEALTH INSURANCE CARD AND THIS FORM.

NAME: _____

ADDRESS: _____

PHONE: RES: _____ OTHER: _____

DATE OF BIRTH: _____ mm/dd/yyyy AGE: _____ ○ MALE ○ FEMALE

INSURANCE #: _____ WCB (Y / N) OTHER: _____

APPOINTMENT DETAILS

Date: _____

Time: _____

Clinic Location: _____

Refer to Preparation Instructions on Reverse

LOCATIONS
www.mic.ca

EDMONTON

HYS MEDICAL CENTRE
#202, 11010 - 101 ST NW

BREAST IMAGING CENTRE
#203, 11010 - 101 ST NW

ALLIN CLINIC (X-ray Only)
B1, 10155 - 120 ST NW

TAWA CENTRE ✓
3017 - 66 ST NW

COLLEGE PLAZA
7TH FLR, 8215 - 112 ST NW

CENTURY PARK ✓
#201, 2377 - 111 ST NW

TERRA LOSA
9566 - 170 ST NW

NAMAO 160
#209, 15961 - 97 ST NW

ST. ALBERT

SUMMIT CENTRE
#102, 200 - BOUDREAU RD

GRANDIN X-RAY (X-ray Only)
1 ST. ANNE ST

SHERWOOD PARK

SYNERGY WELLNESS CENTRE
#109, 501 BETHEL DRIVE

FT. SASKATCHEWAN

SOUTHPOINTE
#115, 9332 SOUTHFORT DRIVE

Hours of operation vary by location
✓ *Extended Hours available for X-ray*

SIGNIFICANT CLINICAL HISTORY

_____

_____

_____

DIABETIC? ○ YES ○ NO

DATE OF L.M.P. _____

PREGNANT? ○ YES ○ NO

PATIENT'S SIGNATURE:

_____

○ X-RAY
EXAMS REQUESTED:

STAT REPORT INSTRUCTIONS

○ STAT fax report

○ STAT verbal report to#:

_____

○ Send copy of x-rays with the patient

○ FLUOROSCOPY

○ S & D

○ S & D Small bowel follow through

○ Small bowel follow through only

○ Colon (Barium Enema)

○ PAIN MANAGEMENT

○ Ultrasound Guided Injection

○ Fluoroscopy Guided Injection

Site: _____
(eg. hip, facet, etc.)

○ Left ○ Right ○ Both

BLOOD THINNERS? ○ YES ○ NO

○ ULTRASOUND

○ Abdomen
○ Pelvis
○ Renal
○ Bladder
○ Inguinal Hernia
○ Thyroid
○ Neck
○ Breast R___ L___
○ Scrotal
○ MSK – Site: _____
(eg. patella tendon, rotator cuff)

OBSTETRIC

○ Early Obstetric < 12 wk
○ Nuchal Translucency Screening (11w1d to 13w6d)
○ Routine Obstetric
○ 3 T Obstetric
○ Biophysical Profile
○ Twin Pregnancy
○ Obstetric Limited

VASCULAR

○ Echocardiogram
○ Carotid
Lower Extremity:
○ Venous Doppler (DVT) R___ L___
○ PAD Screening (ABI)
○ Varicose Vein Assessment (EVA) R___ L___

_____ ○ Other: _____

○ BONE DENSITOMETRY

○ Spine and Hip

○ Thoracic and Lumbar Spine

Correlative X-Rays

○ WHOLE BODY COMPOSITION

○ MAMMOGRAPHY

○ Screening (No Signs or Symptoms)

○ Diagnostic (Provide History)

○ Core Biopsy (Hys Centre Only)

○ NUCLEAR MEDICINE

○ Biliary Scan (HIDA) (approx 2 hours)

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

○ Gallium Scan (3 separate days)

○ Gated Cardiac Scan (approx. 1 hour)

○ Myocardial Perfusion Imaging with Ejection Fraction (MIBI)

○ Meckel's Scan (approx. 1 hour)

○ Renal Imaging ○ Captopril ○ Diuretic ○ Other (approx. 1 hr)

○ EXERCISE STRESS TEST (EST)

PRACTITIONER'S NAME: _____

PRACTITIONER'S ADDRESS: _____

COPY TO: _____ FAX COPY: _____

SIGNATURE: _____

PHYSICIAN'S STAMP
& PRACTICE ID