

## **GENERAL IMAGING REQUISITION FORM**

Pleasedo not forgettobring this requisitionformwith you during the appointment. To book an appointment, please call 844-967-5352

4740 50 Ave, Whitecourt, AB T7S 1S1				BOOKING		
PATIENT AND APPOINTMENT	INFORMATION			PHYSICIAN INFOR	DATE/TIME	
NAME	INFORMATION			FITTSICIAN INFOR	MATION	
ADDRESS				PRAC ID		
CITY				REFERRING PHYSICIA	AN	
PROVINC HOME PHONE	CE POSTA	L CODE		CLINIC		
DOB	OTHER PHONE			PHONE 	FAX	
AHC# O MALE O	FEMALE WEIGH	T lbs	kg	COPY TO DR.		
WCB#/ACCIDENT DATE				FAX COPY TO DR.		
Т	IME			SIGNATURE		
SIGNIFICANT HISTORY AND D	IAGNOSIS					

To help our clinic staff provide the most comprehensive patient care, please complete this section with as many details as possible.

### DIAGNOSTIC SERVICES

Routine Abdomen
-----------------

**EXAM PREPARATION INSTRUCTIONS ON REVERSE** 

Stat Verbal Report (Specify Phone Number):

O STAT Fax: —

Requisitions for non-medical emergencies can be faxed over to the location of your choice.

# **EXAM PREPARATION**

#### ABDOMINAL ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. You may continue to take your medications with water as prescribed. Please do not chew gum before or during the examination.

#### PELVIC OBSTETRICAL, BIOPHYSICAL PROFILE (BPP) OR RENAL ULTRASOUND

Please drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination may not be done if your bladder is not full. You may continue to eat.

#### ABDOMEN AND PELVIC ULTRASOUND

Please do not drink or eat/consume anything by mouth 6-7 hours prior to the examination. Drink four glasses (1 litre) of water 1 hour before your appointment. Do not empty your bladder as this examination requires a full bladder. Your examination cannot be adequately performed if your bladder is not full.

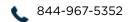
#### VASCULAR ULTRASOUND

Your examination requires no preparation except instructed by your physician or Ultrasound technician. Please do not drink or eat/consume anything by mouth for at least 4 hours prior to your examination if you are scheduled for an Abdominal Aorta Ultrasound.

#### LOCATION AND CONTACT INFORMATION



4905 Barrhead, AB T7N 1G6 or 4740 50 Ave, Whitecourt, AB T7S1S1



**liii** 403-290-7440

rads@wosler.ca



#### ORDER FORM

#### TO OBTAIN THIS FORM:

Call us at 844-967-5352 Email your request at rads@wosler.ca Print requisitions directly from www.radiology.wosler.ca/requisitions Please provide the information below:

Clinic:	
Addess:	
Phone:	
Email:	
Number o	of requisition pads required:

# THANK YOU FOR YOUR PARTNERSHIP