



260 - 8500 Blackfoot Trail SE,  
Calgary, Alberta, T2J 7E1

rads@wosler.ca

FAX: 403 290 7440

### BOOKING

DATE/TIME

#### PATIENT AND APPOINTMENT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

DOB \_\_\_\_\_  MALE  FEMALE WEIGHT \_\_\_\_\_ lbs kg

AHC# \_\_\_\_\_ WCB#/ACCIDENT DATE \_\_\_\_\_

APPT. DATE \_\_\_\_\_ TIME \_\_\_\_\_

#### PHYSICIAN INFORMATION

PRAC ID \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_

CLINIC \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COPY TO DR. \_\_\_\_\_

FAX COPY TO DR. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

#### SIGNIFICANT HISTORY AND DIAGNOSIS

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

#### DIAGNOSTIC SERVICES

##### GENERAL ULTRASOUND

- Routine Abdomen
- Liver Only
- Liver HCC Screening
- Abdominal (Portal Hypertension)
- Abdominal Wall (Pain/Lump/Other)
- Abdomen + Pelvis
- Routine Female Pelvis (Gyne + Urinary Tract)
- Routine Male Pelvis (Includes Kidneys)
- Kidneys, Ureters, Bladder Only
- Scrotum/Testes
- Thyroid Gland
- Neck (salivary glands, lymph nodes, mass)
- Other: Specify \_\_\_\_\_

##### X-RAY (WALK-IN)

- X-ray  
Specify Indication \_\_\_\_\_

##### OBSTETRICAL ULTRASOUND

- Early Obstetrical (dating/viability)
- Detailed Anatomy
- BPP/Biophysical Profile (≥ 28 weeks)
- Other: Specify \_\_\_\_\_

##### VASCULAR ULTRASOUND

- Iliac Arteries
- Venous Doppler (Arm)  R  L
- Venous Doppler (Leg)  R  L
- Leg Arterial Doppler with ABI
- Renal Artery Stenosis Study (Hypertension)
- Carotid Doppler

##### PAIN MANAGEMENT

- Pain Management  R  L  
Specify Area \_\_\_\_\_

##### MSK ULTRASOUND

- Includes X-ray of area if needed
- Shoulder  R  L
  - Elbow  R  L
  - Hand  Wrist  R  L
  - Hip  R  L
  - Knee  R  L
  - Foot  Ankle  R  L
  - Mass/Cyst/Other  
Specify Area \_\_\_\_\_

#### STAT REPORT OPTIONS

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

- STAT Fax: \_\_\_\_\_
- Stat Verbal Report (Specify Phone Number): \_\_\_\_\_

EXAM PREPARATION INSTRUCTIONS ON REVERSE

# 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.

## PAIN MANAGEMENT INJECTIONS

It is not recommended that you operate a motor vehicle after your procedure. Please arrange for a driver or other transportation. For nerve root block or epidural injections, patients MUST have a driver present or other transportation. For spine injections, please avoid chewing gum or carbonated drinks the day of the exam.

## WALK-IN X-RAY


This exam may not be possible if there is a chance of pregnancy and may need to be deferred to a later date. It is recommended that you dress comfortably. Please avoid clothing that has zippers, snaps, buttons and/or beading near the area to be scanned.

## LOCATION AND CONTACT INFORMATION



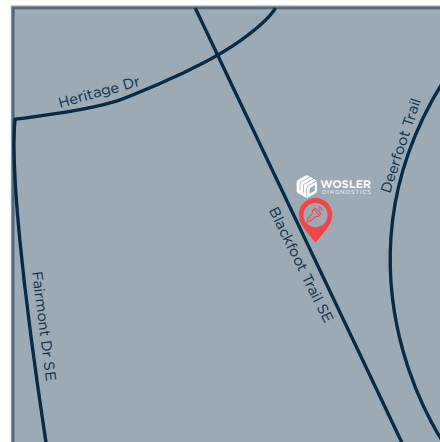
 260 - 8500 Blackfoot Trail SE,  
Calgary, Alberta, T2J 7E1

 403 744 4133

 403 290 7440 (FAX)

 rads@wosler.ca

 www.wosler.ca



## ORDER FORM

### TO OBTAIN THIS FORM:

Call us at 403.744.4133

Email your request at rads@wosler.ca

Print requisitions directly from wosler.ca/requisition-forms

Please provide the information below:

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of requisition pads required: \_\_\_\_\_

## THANK YOU FOR YOUR PARTNERSHIP