



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 (Every 6 months surveillance including liver doppler)
- 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
- 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



WOSLER
DIAGNOSTICS

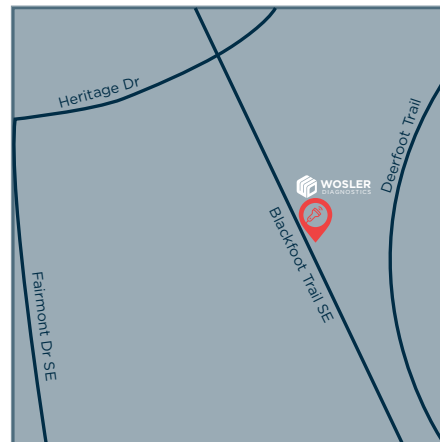
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 403 744 4133

 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 www.radiology.wosler.ca/requisitions

Please provide the information below:

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP