

Please keep your appointment. If you don't cancel 24 hours prior to exam, you may be charged a \$25.00 fee. Remember that others with healthcare needs could use your appointment time.

NAME: _____
ADDRESS: _____
PHONE: _____ DATE OF BIRTH: _____ M F
INSURANCE: _____ W.C.B. () OTHER: _____

APPOINTMENT
Date: _____
Time: _____
Location: _____

X-RAY • ALL SITES FLUORO • CASTLEDOWNS | HER | HERM | LEDUC | MILLWOODS | SH PK | SP GR | WEST END

X-RAY REQUESTED: _____
FLUOROSCOPY PROCEDURES
 E, S + D
 Small Bowel FT
 Barium Enema

ULTRASOUND • CASTLEDOWNS | HER | HERM | LEDUC | LENDRUM | MEADOWLARK | MILLWOODS | SH PK | SP GR | WEST END

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Scrotal	VASCULAR ULTRASOUND (Castledowns, Sherwood Park, West End) <input type="checkbox"/> Heart (Echocardiogram) <input type="checkbox"/> Carotid <input type="checkbox"/> Peripheral Venous (for DVT) <input type="checkbox"/> Peripheral Arterial (West End)
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Thyroid	
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Peripheral Venous	
<input type="checkbox"/> Breast		
<input type="checkbox"/> Other _____		

NUCLEAR MEDICINE • CASTLEDOWNS | LEDUC | MEADOWLARK | MILLWOODS | SHERWOOD PARK | SPRUCE GROVE

<input type="checkbox"/> Bone Scan - (15 min., return 2.5 hours later for 1 hour)	<input type="checkbox"/> Lung Ventilation and Perfusion Scan (90 min.)
<input type="checkbox"/> Cardiac Resting Gated Blood Pool Study (90 min.)	<input type="checkbox"/> Thyroid Scan (45 min)
<input type="checkbox"/> Gallium Scan (2 separate days)	<input type="checkbox"/> Parathyroid Scan (30 min.-return in 2 hrs for 30 min.)
<input type="checkbox"/> HIDA (Hepatobiliary) + GBEF	<input type="checkbox"/> Renal Study: <input type="checkbox"/> Standard (1 hour)
<input type="checkbox"/> MIBI - Myocardial Perfusion Scan (Meadowlark, Millwoods)	<input type="checkbox"/> Hypertension <input type="checkbox"/> Obstruction
<input type="checkbox"/> Liver RBC Scan for hemangioma (40 min-return in 2 hrs for 1 hour)	<input type="checkbox"/> Other _____

DENSITOMETRY • CASTLEDOWNS | HER | HERM | LEDUC | LENDRUM | MEADOWLARK | MILLWOODS | SH PK | SP GR

<input type="checkbox"/> Bone Densitometry (Spine and Hip)	<input type="checkbox"/> Lumbar Spine X-Rays for correlation	<input type="checkbox"/> Body Composition (Meadowlark, Millwoods, Sp Gr) (Fat, Muscle and Screening Bone Density)
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MAMMOGRAPHY • CASTLEDOWNS | HER | HERM | LEDUC | LENDRUM | MEADOWLARK | MILLWOODS | SH PK | SP GR

<input type="checkbox"/> Screening - no signs or symptoms	<input type="checkbox"/> Needle Localization
<input type="checkbox"/> Diagnostic - please specify concern _____	<input type="checkbox"/> Core Biopsy



Accredited by The Canadian Association of Radiologists

CARDIAC DIAGNOSTICS • MEADOWLARK (all) | MILLWOODS (MIBI only)

<input type="checkbox"/> MIBI - Myocardial Perfusion Scan	<input type="checkbox"/> Holter Recording
<input type="checkbox"/> Exercise Stress Test	<input type="checkbox"/> Ambulatory Blood Pressure Monitoring (not covered by AHCP)

MRI & CT • MEADOWLARK (MRI and CT not covered by Alberta Health)

<input type="checkbox"/> CT anatomic area to be studied _____	<input type="checkbox"/> Virtual Colonoscopy (CT Colonography)
<input type="checkbox"/> MRI anatomic area to be studied _____	<input type="checkbox"/> Coronary CT Angiography
	<input type="checkbox"/> Coronary CT Calcium Score
<input type="checkbox"/> Breast MRI	<input type="checkbox"/> Lung CT screen (smoker, second-hand smoke)

RELEVANT HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

STAT FAX REPORT
 SEND IMAGES WITH PATIENT
 COPY OF REPORT TO _____

SIGNATURE OF REFERRING DR. _____ PHONE: _____ TECH _____
FAX: _____ TIME _____
PREGNANT? NO YES LMP _____ Pt. Sign _____ IMAGES _____

FREE PARKING ALL SITES

WEST

CALLINGWOOD X-RAY
224B, 6655 - 178 Street T5T 4J5

INSIGHT - MEADOWLARK
200 Meadowlark Health Centre
156 Street - 89 Avenue T5R 5W9
Ph: 780-489-8430 | F: 780-481-6630
Includes MEADOWLARK CARDIAC LAB and MEADOWLARK MRI and CT

INSIGHT - WEST END
B1, 9509 - 156 Street T5P 4J5
Ph: 780-483-3422 | F: 780-484-0500

SOUTH

Relocated: 
INSIGHT LENDRUM WOMEN'S IMAGING
10381 - 51 Avenue T6H 0K4
Ph: 780-434-9171 | F: 780-436-5211

CALGARY TRAIL X-RAY
10411 - 51 Avenue T6H 0K4

INSIGHT - HERITAGE SOUTH
2049 - 111 Street T6J 4V9
Ph: 780-438-0547 | F: 780-438-9211

INSIGHT - MILLWOODS
6466 - 28 Avenue T6L 6N3
Ph: 780-486-8103 | F: 780-638-6532

NORTH

BELVEDERE X-RAY
Plaza 66, 12728 - 66 Street T5C 0A3

INSIGHT - CASTLEDOWNS
15309 Castle Downs Road T5X 6C3
Ph: 780-457-4070 | F: 780-456-1250

INSIGHT - HERMITAGE NORTH
12779 - 50 Street T5A 4L8
Ph: 780-475-1866 | F: 780-478-0858

EAST

CAPILANO X-RAY
10147 - 50 Street T6A 2C1

LEDUC


INSIGHT - LEDUC 
5307 - 50 Avenue T9E 6T2
Ph: 780-486-8104 | F: 780-638-6533

SPRUCE GROVE

INSIGHT - SPRUCE GROVE
107, 505 Queen Street T7X 2V2
Ph: 780-962-0297 | F: 780-962-8084

SHERWOOD PARK

INSIGHT - SHERWOOD PARK
136 Athabasca Avenue T8A 4E3
NE corner of Athabasca and Chippewa
Ph: 780-464-1515 | F: 780-464-1216

 Extended hours of operation for x-ray only.

FREE PARKING ALL SITES

EXAMINATION INSTRUCTIONS

The following examinations are by appointment only. When making appointment, please notify if patient is diabetic.

** ALL EXAMINATIONS **

Please bring this signed request with you. **If you are unable to keep your appointment, please phone 780-669-2222 to reschedule it.**
There is no facility to look after small children.

STOMACH AND DUODENUM (S&D), ESOPHAGUS (E), UPPER GI (UGI), or SMALL BOWEL (SB FT)

Morning Appointment - Do not eat or drink anything after midnight the night before the examination.

Small Bowel exams may take up to three hours to complete.

COLON EXAMINATION (Barium enema)

Two days before the examination unrestricted amounts of clear liquids only (e.g. water, clear juice, Gatorade, Powerade, consommé, tea, coffee or jello); **No Solid Foods**

Day before the examination unrestricted amounts of clear liquids only (e.g. water, clear juice, Gatorade, Powerade, consommé, tea, coffee or jello); **No Solid Foods**

- at 5:00 p.m. drink one bottle of Magnesium Citrate laxative;
- at 7:00 p.m. take 3 Dulcolax tablets (5 mg). Do not crush or chew tablets. Continue with a liquid diet for the rest of the day;

Day of colon examination: You may have one glass of water or clear juice. Eat nothing until the examination is completed.

* **DIABETIC PATIENTS should consult their physician regarding possible stoppage or reduction of insulin while fasting on "clear liquids only" diet.**

* **Please continue to take your regular medications**

DIAGNOSTIC ULTRASOUND EXAMINATIONS

1. **OBSTETRICAL OR PELVIC – IMPORTANT:** THE BLADDER **MUST** BE FULL.
1 1/2 hours prior to the examination drink **SIX** 250 ml glasses of **water** and refrain from urinating. Finish **all** glasses of water 1 hour before time of examination.
2. **ABDOMINAL**
For morning appointment: nothing to eat or drink after midnight or the morning of the examination.
For afternoon appointments: a light breakfast of toast, coffee or tea (no dairy products) 6 hours prior to the examination.
3. **ABDOMEN & PELVIC / RENAL & BLADDER**
Nothing to eat for 6 hours prior to the examination, but 1 1/2 hours prior to the examination drink **SIX** 250 ml glasses of **water** and refrain from urinating. Finish **all** glasses of water 1 hour before time of examination.

NUCLEAR MEDICINE EXAMINATIONS

Bone Scan:	Bring most recent x-rays.
Gallium Scan:	Day 1 injection; Day 4 one hour imaging.
HIDA (Hepatobiliary) Scan:	Nothing by mouth from midnight. Examination 2 - 4 hours.
Liver RBC Scan:	No Barium intestinal tests for one week prior to scan.
Lung Scan:	Bring most recent chest x-rays.
Thyroid Scan:	Must NOT be taking thyroid medications for 4 weeks prior to scan. Need results of thyroid blood test at time of scan.
Myocardial Perfusion Scan:	No eating or drinking 4 hours prior to exam. No beverages or food containing caffeine for 24 hours prior.
Renal Scan / Renogram:	Drink 3 cups of fluids in half hour prior to examination.
Other Scans:	Need no preparation unless informed at time of booking.

*** If you are breast feeding, please talk to the technologist prior to the injection.**

MAMMOGRAPHY

Do not use deodorant, antiperspirant or talcum before the examination. Stay on a caffeine free diet to minimize discomfort of compression required for optimal examination. Premenstrual breast tenderness - you may delay booking until tenderness has subsided. Wear a two-piece outfit. At time of booking advise where previous mammogram was done and if possible allow appropriate time for films to arrive before appointment date.

MRI

Please notify your doctor if you have any of the following: pacemaker, aneurysm clips, welding history, eye injury with metal.

CT

Abdominal Examinations: Clear fluids only for 6 hours before examination. No preparation for other CT examinations.