



GENERAL REQUEST FORM Appt Date/Time

Patient Information

Name, Address, City, Province, Postal Code, Phone Home, Alt, DOB (D/M/Y), A.H.C.#, WCB Claim #, Date of Injury (D/M/Y), M, F

Patient History

X-ray (no appointment necessary - Monday through Friday 7:15 am - 5:00 pm)

Exam(s) requested

Ultrasound (Please provide history)

Pregnancy

Single, Twin, 1st Trimester (Dating/Viability, Nuchal Translucency), 2nd Trimester (Detailed Anatomic Survey, Biophysical Profile)

Pediatric (12 years and under)

Abdomen, Pelvis, Kidneys / Bladder, Scrotum, Other

General

Abdomen, Pelvis, Thyroid, Neck, Scrotum, Breast, US Guided Breast Biopsy, US Guided Breast Cyst Asp., Hernia, Kidney / Bladder, Superficial Mass, Other

MSK

Site, Eg (Shoulder, elbow, ankle etc), Yes/No Perform image guided therapeutic injection if indicated

Vascular

Echocardiography (Heart) >15 years, Carotid Arteries, Venous Leg (DVT), Venous Arm (DVT), Limited Ankle Brachial Indices (ABI), Other

Remote Ultrasound

Olds (Phone: (403) 556-3554, Fax: (403) 556-8933), Stettler (Phone: (403) 742-2240, Fax: (403) 742-1188), Sylvan Lake (Phone: (403) 864-0130, Fax: (403) 864-0131)

Mammography

Screening (no clinical signs or symptoms), Diagnostic (Please provide history), Galactography (Please provide history)

Bone Mineral Densitometry

Bone Densitometry, Body Composition (with screening Bone Densitometry)

Nuclear Medicine (Please provide history)

Bone Scan, HIDA (Hepatobiliary) +GBEF, Liver RBC Scan for Hemangioma, Thyroid, Parathyroid, Miraluma, MUGA, Dacryocystogram

MRI, Pain Management and Vertebral Augmentation Procedures Require Separate Requisitions

Referring Physician

Name, Address, Phone, Fax, PRAC ID, Signature, CC, Fax

Stat Report

CAMIS TECH NOTES ONLY

Technologist, Date of LMP, Menopause, Hysterectomy, Tubal Ligation, Lactating