



## PATIENT & APPOINTMENT INFORMATION

## APPOINTMENT DATE

## CHECK IN TIME:

## APPT TIME:

### PLACE PATIENT LABEL HERE

Name: Minnie Mouse AHC/WCB #: 00000-0000

Address: a City: a Province: AB Postal Code: T2H 2L8

☒ Female ☐ Male ☐ Undisclosed Date of Birth: 06/06/1901 Phone: (403)726-9729 Other Phone: \_\_\_\_\_

### PATIENT HISTORY

☐ Stat Fax

☐ Stat Phone: \_\_\_\_\_

(Direct line/cell phone please)

Please provide as much detail as possible to allow us to provide the best care for the patient. Thank you.

### X-Ray Examination (Walk in only)

No appointment necessary for x-ray, all other exams require appointment.

### IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

### Adult/Pediatric General Ultrasound

- ☐ Abdomen  
☐ AAA Screening Only  
☐ Liver Elastography (at Southtrail & Crowfoot)  
☐ Pelvis ☐ Include kidneys  
☐ Renal (Kidneys & Bladder)  
☐ Thyroid  
☐ Translabial (prolapse, incontinence, cystocele, or rectocele)  
☐ Appendix  
☐ Groin ☐ Inguinal Hernia ☐ Other indication  
Inguinal hernia exams can only be ordered by a specialist or for a pediatric patient  
☐ Abdominal Wall  
☐ Scrotum/Testes  
☐ Neck (salivary glands, lymph nodes)  
☐ Lump/Soft Tissue  
☐ Other: \_\_\_\_\_

### Musculoskeletal Ultrasound

- ☐ Shoulder (Includes Rotator Cuff) ☐ R ☐ L ☐ Include X-Ray  
☐ Elbow ☐ R ☐ L ☐  
☐ Wrist (Includes Carpal Tunnel) ☐ R ☐ L ☐  
☐ Hand or Finger ☐ R ☐ L ☐  
☐ Hip ☐ R ☐ L ☐  
☐ Knee (Includes Baker's Cyst) ☐ R ☐ L ☐  
☐ Ankle ☐ R ☐ L ☐  
☐ Achilles ☐ R ☐ L ☐  
☐ Foot or Toe ☐ R ☐ L ☐  
☐ Plantar Fascia ☐ R ☐ L ☐  
☐ Muscle/Tendon: \_\_\_\_\_  
☐ Ganglion: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### Obstetrical Ultrasound

To book exams throughout this pregnancy, please check all that apply.

Date of last menstrual period: \_\_\_\_\_

- ☐ Complete Obstetrical Evaluation (Dating, Nuchal, Detailed)  
☐ Include Cervical Length Screening (16-24 weeks)

#### 1st Trimester

- ☐ Dating/Viability: \_\_\_\_\_

- ☐ Nuchal Translucency (11w 6d - 13w 6d)

#### 2nd Trimester

- ☐ Detailed exam >18 weeks

#### 3rd Trimester

- ☐ Biophysical Profile:  
☐ OBS - Limited (Biometry, placenta, position, heart-rate)  
☐ Other: \_\_\_\_\_

### Vascular Ultrasound

- ☐ Carotid  
(Including vertebral and subclavian arteries and Intima Media Thickness)  
☐ Venous Doppler (Arm) ☐ R ☐ L  
☐ Venous Doppler (Leg) ☐ R ☐ L  
☐ Renal Doppler  
☐ Temporal Artery Doppler  
☐ Liver Doppler

#### Peripheral Arterial Screening:

- ☐ ABI (Ankle Brachial Index only)  
☐ Lower Extremity Duplex with ABI  
☐ Upper Extremity Duplex  
☐ Other: \_\_\_\_\_

### Bone Densitometry

- ☐ Bone Mineral Densitometry \*Must meet guideline criteria  
(Only available at South Trail and Airdrie locations)

### Breast Imaging

- ☒ Complete Breast Evaluation  
Includes mammography and breast ultrasound if indicated by breast density score. Ultrasound only added if Volpara C or D.  
☐ Screening Mammography **with Tomosynthesis**  
☐ Diagnostic Mammography **with Tomosynthesis**  
☐ R ☐ L ☐ Bilateral  
☐ Diagnostic Breast & Axilla Ultrasound  
☐ R ☐ L ☐ Bilateral  
☐ Axilla Only ☐ R ☐ L ☐ Bilateral

### Intervention/Biopsies/FNA

PLEASE FAX THIS REQUISITION TO ANY OF OUR CLINICS

- ☐ Breast Biopsy ☐ R ☐ L  
☐ Thyroid Biopsy ☐ R ☐ L  
☐ FNA (specify side and site): ☐ R ☐ L

- ☐ Patient is on blood thinners.  
 Type: \_\_\_\_\_



### Specialty Pediatric Ultrasound

- ☐ Bilateral Hips  
(< 6 months adjusted age. If over 6 months an x-ray may be required)  
☐ Cranial (Fontanelle must be open)  
☐ Spine (< 6 months adjusted age)  
☐ Pylorus (< 6 months)  
☐ Joint(s) for effusions: \_\_\_\_\_

### Pain Management Injections

Please refer to our specialized Pain Management requisition.

## REFERRING PRACTITIONER INFORMATION

Referring Physician: Pureform Radiology

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

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

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

Copy to: \_\_\_\_\_ Copy to fax: \_\_\_\_\_

☐ Send images with patient (CD copy) Date of Request: D / M / Y

Practitioner's ID/Stamp: \_\_\_\_\_

*Pureform Radiology*

Signature: \_\_\_\_\_

Please List ALL Applicable Information Below