

Patient & appointment information

Name _____

Address _____

City _____ Province _____ Postal code _____

Home phone _____ Other phone _____

Date of birth _____ AHC#/WCB# _____

Administrative gender ☐ M ☐ F

Identifying gender ☐ M ☐ F ☐ Nonbinary

Referring physician

Name _____

Clinic _____

Phone _____

Fax _____

Copy to Dr. _____

PRAC ID _____ Order date _____

Coverage

☐ AB Provincial

☐ Out of province

☐ Industrial

☐ WCB

☐ Self pay

☐ Refugee

☐ Other:

SIGNATURE _____

CLINICAL HISTORY

X-RAY (WALK-IN)

☐ X-ray

INDICATE SITE/VIEWS

COMPREHENSIVE BREAST CARE

I agree to allow the radiologist to use their discretion in the choice of imaging techniques, subsequent tissue sampling and follow up care.

☐ YES ☐ NO

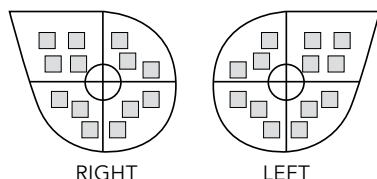
☐ Complete breast assessment
includes bilateral ultrasound, screening mammography + tomosynthesis

☐ Screening mammography with tomosynthesis

☐ Diagnostic mammography ☐ L ☐ R
with tomosynthesis

☐ Diagnostic breast & axilla U/S ☐ L ☐ R

AREA OF CONCERN (IF APPLICABLE)



OTHER REQUEST

We will fax the request back if unable to accommodate.

Rapid Access Request ACUITY: ☐ STAT ☐ URGENT

Reason for rapid access request _____

Instructions for **positive** result:

☐ Refer patient back to my clinic

☐ Send to ER

☐ Notify me of result at: _____

Instructions for **negative** result:

☐ Discharge patient

☐ Notify patient of result

☐ Notify me of result at: _____

CARDIOVASCULAR ULTRASOUND

☐ Echocardiogram

☐ Carotid Doppler

☐ Leg Arterial Doppler with ABI

☐ Renal Artery Stenosis study

☐ Venous insufficiency ☐ L ☐ R

☐ DVT ☐ L leg ☐ R leg
☐ L arm ☐ R arm

MUSCULOSKELETAL ULTRASOUND

May include supplementary x-rays

☐ Shoulder ☐ L ☐ R

☐ Elbow ☐ L ☐ R

☐ Hand/Wrist ☐ L ☐ R

☐ Hip ☐ L ☐ R

☐ Knee ☐ L ☐ R

☐ Foot/ankle ☐ L ☐ R

☐ Targeted MSK ☐ L ☐ R

INDICATE SITE

OBSTETRICAL ULTRASOUND

☐ Routine obstetrical Series (dating, nuchal, detailed)

☐ Dating and viability (< 12 wk)

☐ Nuchal translucency (11w3d - 14w0d)

☐ Detailed anatomy (>18 wk)
☐ Add Uterine Artery Doppler

☐ Obstetric (>28 weeks includes BPP)

☐ Follicle count

☐ Other

We will recall incomplete studies unless otherwise instructed.

SPECIAL LIVER STUDY

☐ Special liver study

History: _____

Repeat: _____

End date: _____

All special liver studies include lesion screening, Doppler, fibrosis and hepatosteatosis scores

GENERAL ULTRASOUND

☐ Chest

☐ Abdominal wall

☐ Groin ☐ L ☐ R

☐ Routine abdomen ☐ +bladder

☐ Abdomen + pelvis

☐ Routine female pelvis

☐ Routine male pelvis

☐ KUB only

☐ Scrotum/testes

☐ Thyroid gland

☐ Lumps and bumps

INDICATE SITE

JUST FOR KIDS

Use the general ultrasound section above for all other requests not listed below

☐ Pyloric stenosis

☐ Cranial (if open fontanelle)

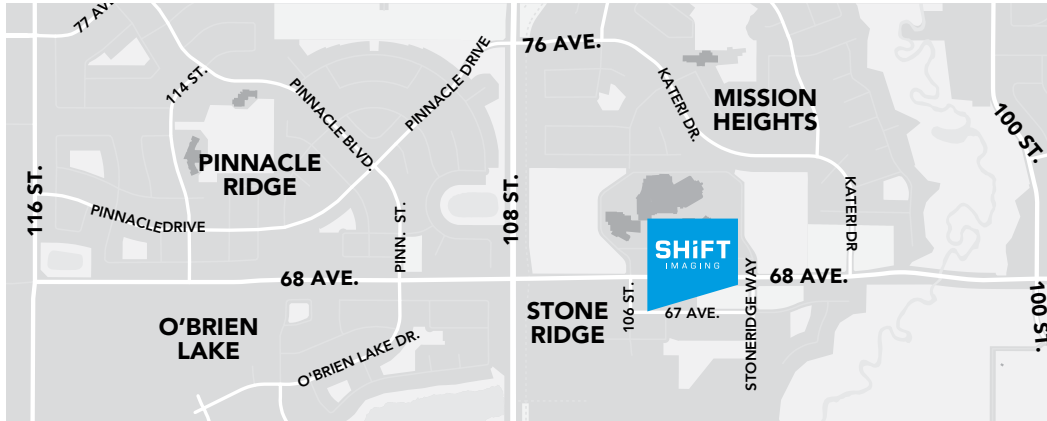
☐ Spine (under 12 weeks)

☐ Hips (6 -16 weeks corrected age)

☐ Inguinal (undescended testis)

☐ Lumps/bumps/other

INDICATE SITE

**Location**

Unit 103 - 10514 - 67 Ave
Grande Prairie, T8W 0K8

Tel: 1-587-495-9817

Fax: 1-587-316-0834

Email: info@shiftimaging.ca

Web: www.shiftimaging.ca

Parking: Plenty of free parking
is available onsite

X-rays

X-ray services are rendered on a walk-in basis and, while no appointment is necessary, patients will be addressed in order of arrival. You will need to produce your requisition on arrival, electronic copies captured on a mobile device are acceptable so long as the entire form is captured. Inform your practitioner immediately if you are pregnant or suspect that you are pregnant, as x-ray radiation is harmful to the unborn baby and can result in birth defects.

Ultrasound

Please refrain from smoking prior to all ultrasound exams. Some MSK exams require an X-ray of the area of concern prior to the ultrasound. This allows the radiologist to correlate the soft tissue findings of the ultrasound with the bones of the joint being examined.

ABDOMINAL EXAMS

If you've had abdominal surgery in the past, including the removal of your kidney, spleen or gallbladder, be sure to let your sonographer know before commencement of the exam. Be sure to wear comfortable, lightweight clothes which provide easy access to the skin of the area to be examined. Please don't eat or drink anything except water for at least 6 hours prior to your exam.

OBSTETRICAL, FEMALE/MALE PELVIS EXAMS

You should empty your bladder 90 minutes prior to your appointment. Drink 1 liter of water and have a snack between 90 and 60 minutes prior to your appointment. Should you be uncomfortable with such a full bladder, you may relieve your bladder of a small amount of urine but not all. Your skin should be kept clean and free of body oils, moisturizers and powders. Your clothing should be lightweight, comfortable and suitable for easy access to the skin of the area in question. You will be provided with a gown if necessary.

CARDIOVASCULAR, MUSCULOSKELETAL, THYROID AND SOFT TISSUE EXAMS

Take all prescription medications as instructed. Your skin should be kept clean and free of body oils, moisturizers and powders. Your clothing should be lightweight, comfortable and suitable for easy access to the skin of the area to be studied.

Exam preparation

Please refer to www.shiftimaging.ca for complete instructions

HCC screening eligibility

- Asian males > 40 yrs
- Asian females >50 yrs
- African > 20 yrs
- Family history HCC
- HIV co-infected
- Chronic HBC/HCV

Kids ultrasound**ULTRASOUND ABDOMEN 0-2 YEARS**

Omit the last feeding (4 hours prior to exam). 2+ years: Nothing to eat or drink after midnight prior to the examination. If necessary, a small glass of clear fluid may be given. It is best to book this exam as early in the morning as possible. No milk/milk products or carbonated beverages.

RENAL AND BLADDER OR PELVIS 0-2 YEARS

No preparation is required, however be prepared to spend time at the clinic as the ultrasound technologist may have to wait until the bladder fills to do the exam. A drink may be given on arrival by the ultrasound technologist. 2+ years: Full bladder is required. Drink two glasses of water and/or apple juice (500 ml) 1 hour prior to exam. If the bladder is not full, the exam may need to be rescheduled.

COMBINED ABDOMEN & PELVIS 0-2 YEARS

Drink water and/or apple juice only 4 hours prior to examination. No food, milk or carbonated beverages.

2+ YEARS

From midnight prior to exam, clear fluids only. No food, milk or carbonated beverages. A full bladder is required. Drink two glasses of water and/or apple juice (500 ml) 1 hour prior to exam.

Please visit www.shiftimaging.ca for further information and a complete list of instructions.