

## ALBERTA REQUISITION FORM

Guardian Radiology Corp 4121 70 Avenue Lloydminster, AB T9V 3L9

PATIENT/APPOINTMENT INFORMATION Healthcare Card required for appointment				
Name				APPOINTMENT
DOB				Date
			   Time	
Phone				
Address		PATIENT LABEL		LOCATIONS
				Wainwright
CLINICAL HISTORY				613 10 Street T9W 1P2
CLINICAL HISTORY				P: 780-845-9061 F: 780-845-9062 MON-FRI 8:00-4:30 pm
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				Bonnyville 4716 50 Avenue T9N 1A1
				P: 780-815-7126 F: 780-815-7127
				MON-FRI 8:00-4:30 pm
				Technologist Use Only
ULTRASOUND See back for exam preparation/instructions			Date	
General Obstetrics		Cardiovascular		Tech # Images
☐ Abdomen ☐ (Early/NT/Detailed)		☐ Echocardiogram		Shield DY DN LMP
☐ Renal ☐ 1st Trir ☐ Pelvis ☐ Nuchal		☐ Carotid		
<ul><li>☐ Pelvis</li><li>☐ Nuchal Translucency</li><li>☐ Scrotum</li><li>☐ Routine (&gt;18 wk)</li></ul>			□R□L	Remarks
☐ Neck ☐ 2nd Trimester OB		Chest		
☐ Thyroid ☐ 3rd Trimester OB		□ Axilla		
☐ Soft Tissue ☐ Biophysical (BPP)		☐ Chest Wa	ll □R □L	
SUPERVISED ULTRASOUND pe	r CPSA guidelines - stud	dies forwarded to Llo	bydminster for scheduling	
Musculoskeletal Hernia / Breast				
☐ Shoulder ☐ R ☐ L ☐ Hip	□R □L	☐ Hernia		
☐ Elbow ☐ R ☐ L ☐ Knee	$\Box$ R $\Box$ L	☐ Breast	$\Box$ R $\Box$ L	Previous on PACS Y N
☐ Wrist ☐ R ☐ L ☐ Ankle	$\Box$ R $\Box$ L	☐ Axilla	$\square$ R $\square$ L	Location
☐ Hand ☐ R ☐ L ☐ Foot	$\Box$ R $\Box$ L	☐ Other		
PRACTITIONERS INFORMATION				PRACTITIONERS STAMP/ID

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