GUARDIAN RADIOLOGY

ALBERTA REQUISITION FORM

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

PATIENT/APPOINTMENT INFORMATION

Healthcare Card required for appointment

Name _____ ☐ M ☐ F

DOB _____ Insurance/WCB # _____

Phone _____

Address _____

_____

PATIENT LABEL

APPOINTMENT

Date _____

Time _____

LOCATION

Camrose
#1 6601 - 48 Avenue
(Inside Smith Clinic)
T4V 3G8
P: 780-672-8220 F: 780-672-8250
MON-FRI 8:00-4:30 pm

CLINICAL HISTORY

ULTRASOUND

See back for exam preparation/instructions

General
- ☐ Abdomen
- ☐ Renal
- ☐ Pelvis
- ☐ Groin
- ☐ Scrotum
- ☐ Neck/Thyroid
- ☐ Soft Tissue

Obstetrics
- ☐ (Early/NT/Detailed)
- ☐ 1st Trimester
- ☐ Nuchal Translucency
- ☐ Routine (>18 wk)
- ☐ 2nd Trimester OB
- ☐ 3rd Trimester OB
- ☐ Biophysical (BPP)

Other
_____

Chest
- ☐ Chest Wall
- ☐ Breast ☐ R ☐ L
- ☐ Axilla ☐ R ☐ L

Cardiovascular
- ☐ Echocardiogram
- ☐ Carotid
- ☐ Venous ☐ R ☐ L

Musculoskeletal
- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L

Technologist Use Only

Date _____

Tech _____ # Images _____

Shield ☐ Y ☐ N LMP _____

Remarks _____

_____

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_____

_____

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_____

BREAST IMAGING

- ☐ Complete Breast Assessment
  (Mammography and Breast US
  (if dense breast or as necessary))
- ☐ Screening Mammography
- ☐ Diagnostic Mammography
  ☐ R ☐ L ☐ Bilateral
- ☐ Diagnostic Breast Ultrasound
  ☐ R ☐ L ☐ Bilateral

Previous on PACS ☐ Y ☐ N

Location

PRACTITIONERS INFORMATION

Practitioners Name _____

Signature _____

Phone/Fax _____

Copy To _____

- ☐ Stat Phone Report
  P: _____
- ☐ Stat Fax Report
  F: _____
- ☐ Send Patient with Images
  (CD Copy)

PRACTITIONERS STAMP/ID

PRACTITIONERS
STAMP/ID