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 _____

LOCATIONS

Wetaskiwin
4919 50 Street T9A 1J6
P: 587-468-8344 F: 587-468-0169
MON-FRI 8:00-4:30 pm

CLINICAL HISTORY

X-RAY EXAM REQUESTED

Location

ULTRASOUND

See back for exam preparation/instructions

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

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

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

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

Cardiovascular
- ☐ Carotid
- ☐ Venous ☐ R ☐ L

Other

_____

* Preliminary imaging performed when required

Technologist Use Only

Date _____

Tech _____ # Images _____

Shield ☐ Y ☐ N LMP _____

Remarks _____

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

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