BONNYVILLE MEDICAL IMAGING

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

Bonnyville
Bay 5, 4431 52 Ave T9N 1B1
P: 780-815-7126 F: 780-815-7127
MON-FRI 8:00-4:30 pm

CLINICAL HISTORY

Technologist Use Only

Date ______________

Tech ______________ # Images ______________

Shield ☐ Y ☐ N LMP ______________

Remarks ______________

ULTRASOUND

See back for exam preparation/instructions

General

- ☐ Abdomen
- ☐ Renal
- ☐ Pelvis
- ☐ Scrotum
- ☐ Neck
- ☐ Thyroid
- ☐ Soft Tissue

Obstetrics

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

Cardiovascular

- ☐ Echocardiogram
- ☐ Carotid
- ☐ DVT ☐ R ☐ L

Chest

- ☐ Axilla
- ☐ Chest Wall ☐ R ☐ L

SUPERVISED ULTRASOUND

per CPSA guidelines - studies forwarded to Lloydminster for scheduling

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

Hernia / Breast

- ☐ Hernia
- ☐ Breast ☐ R ☐ L
- ☐ Axilla ☐ R ☐ L
- ☐ Other ______________

Previous on PACS ☐ Y ☐ N

Location

PRACTITIONERS INFORMATION

Practitioners Name ______________

Signature ______________

Phone/Fax ______________

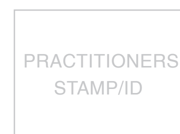
Copy To ______________

☐ Stat Phone Report
P: ______________

☐ Stat Fax Report
F: ______________

☐ Send Patient with Images (CD Copy)

PRACTITIONERS STAMP/ID



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