



BGSA RADIOLOGY

DIAGNOSTIC IMAGING

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

1854 SOUTHVIEW DRIVE, MEDICINE HAT
BOOKING LINE: 403 527 7334 EXT 1
BOOKING FAX: 403 527 9148

APPOINTMENT DATE: _____ TIME: _____

PLEASE ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT TIME

YOU WILL BE BILLED \$50.00 FOR MISSED APPOINTMENTS - YOU MUST CALL TO CANCEL OR REBOOK PRIOR TO YOUR APPOINTMENT DATE

Name: _____

Address _____

Postal Code _____

Phone Number(s) _____

Date of Birth _____

AHC# _____

Third Party Billing _____

HAVE ALL INFORMATION FILLED IN AND BRING THIS FORM TO YOUR APPOINTMENT

BRING A VALID HEALTH CARE CARD

CHILD CARE IS NOT PROVIDED, PLEASE MAKE ALTERNATE ARRANGEMENTS

WCB CLAIM YES/ NO CLAIM # DATE

SPECIAL NEEDS: WHEELCHAIR OXYGEN LIFT HEARING IMPAIRED

HISTORY AND PROVISIONAL DIAGNOSIS:
LMP _____

GENERAL RADIOGRAPHY

EXAM REQUESTED _____

MAMMOGRAPHY

PREVIOUS WHERE & WHEN _____

SCREENING DIAGNOSTIC
BREAST IMPLANTS REQUIRE
ADDITIONAL TIME. PLEASE NOTIFY
US AT TIME OF BOOKING

BONE DENSITY

DO NOT WEAR CLOTHING WITH ZIPPERS OR METAL

DR. SIGNATURE: _____

COPIES TO: _____

www.bgsaradiology.ca

**ULTRASOUND
MAX 2 GUESTS ONLY FOR OBSTETRICAL**

** THERE IS PREPARATION REQUIRED
VISIT BGSARADIOLOGY.CA OR CALL
403 527-7334 EXT 7

<input type="checkbox"/> PELVIC **	<input type="checkbox"/> CAROTID
<input type="checkbox"/> RENAL **	<input type="checkbox"/> THYROID
<input type="checkbox"/> OBSTETRICAL **	<input type="checkbox"/> VENOUS DOPPLER
<input type="checkbox"/> ABDOMEN **	<input type="checkbox"/> SCROTAL
<input type="checkbox"/> ABD & PELVIC **	<input type="checkbox"/> BREAST
<input type="checkbox"/> ABD/PEL/RENAL **	<input type="checkbox"/> OTHER
<input type="checkbox"/> ABD /RENAL **	<input type="checkbox"/> ABD WALL/ HERNIA
<input type="checkbox"/> MSK: (AREA: _____)	

THESE INSTRUCTIONS MUST BE FOLLOWED OR YOUR EXAM WILL BE POSTPONED TO A LATER DATE

PELVIC (UTERUS AND OVARIES):
RENAL (KIDNEYS AND BLADDER)
OBSTETRICAL (PREGNANCY)
IUCD

FULL BLADDER IS NEEDED - Drink and eat normally throughout the day. Empty bladder 1 ½ hours before exam. Immediately, drink 4 (four) 8 oz. glasses of water. Do not drink any other liquid. Do not empty bladder. If bladder is not full, the examination will be rescheduled.

ABDOMEN

EMPTY BLADDER IS NEEDED - The evening before your exam, eat a low fat supper. You may have fat free snack after supper, but do not eat or drink anything after midnight.
Do not drink any other liquid. You may use the bathroom; a full bladder is not required. If you eat before the exam it will be rebooked.

ABD/ PELVIC
ABD/ PEL/RENAL
ABD/ RENAL

FULL BLADDER IS NEEDED **Step 1-** The evening before your exam, eat a low fat supper. You may have a fat free snack after supper, but do not eat or drink anything after midnight
Step 2- On the morning of your exam, empty bladder 1 ½ hours before exam. Immediately, drink 4 (four) 8 oz. glasses of water. Do not drink any other liquid. Do not empty bladder.

OTHER ULTRASOUND EXAMINATIONS:
NO PREPARATION REQUIRED

SOFT TISSUE MASS
CAROTID DOPPLER
VENOUS DOPPLER

SCROTAL
THYROID
BREAST

CHILDREN: Under two years of age: No preparation is needed.

ABDOMEN – FOLLOW ADULT PREP ABOVE.

PELVIC
RENAL

FULL BLADDER IS PREFERRED: **Under 6 years** - Drink and eat normally throughout the day. Then 1 hour before your exam finish 1(one) 8 oz. glass of water. Try not to empty bladder.
6 – 14 years old: Finish 2 (two) 8 oz. glasses of water and try not to empty bladder.

ABDOMEN/RENAL
ABDOMEN/PELVIC

FULL BLADDER IS PREFERRED **Under 6 years:** Step 1- The evening before your exam, eat a low fat supper. You may have a fat free snack after supper, but do not eat or drink anything after midnight
Step 2 –One hour before exam, finish 1 (one) 8 oz. glass – try not to empty bladder.
6 – 14 years old: Step 2: Finish 2 (two) 8 oz. glasses of water and try not to empty bladder.