1854 Southview Dr. SE
Medicine Hat, Alberta
T1A 8L9
Ph: 403 527-7334
Fax: 403 527 -9148

DO NOT USE THIS SPACE
X-RAY LABEL ONLY
www.bsaradiology.ca

APPOINTMENT DATE:_________________________________TIME:____

FOR ALL EXAMINATIONS, PLEASE REPORT TO BGSA APPROX.
15 MINUTES BEFORE YOUR APPOINTMENT TIME

PLEASE HAVE ALL PERTINENT 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

Name:__________________________________
Address__________________________________
Postal Code:________________________________
Phone Number______________________________
Date of Birth_________________________________
ACH#___________________________________
Third Party Billing______________________________

DO NOT USE THIS SPACE
HEALTH CARE CARD HERE

WCB CLAIM YES/ NO CLAIM #_________________

DATE:

CAROTID DOPPLER EXAM

NO	YES		NO	YES	
☐	☐	SPEECH DIFFICULTY	☐	☐	BRUITS LT.
☐	☐	WEAKNESS/ NUMBNESS	☐	☐	BRUITS RT.
☐	☐	DIZZINESS	☐	☐	HYPERTENSION
☐	☐	LIGHT HEADEDNESS	☐	☐	DIABETES
☐	☐	BLACKOUTS	☐	☐	PREVIOUS MI
☐	☐	MEMORY IMPAIRMENT/ CONFUSION	☐	☐	ANGINA
☐	☐	BLURRED VISION	☐	☐	STROKE
☐	☐	PARTIAL/ COMPLETE BLINDNESS	☐	☐	TIAs
☐	☐	UNUSUAL HEADACHES	☐	☐	CAROTID ANGIO DATE_________________
☐	☐	SMOKING	☐	☐	CAROTID SURGERY DATE_________________

Referring Physician________________________ Copies____________________________________