



# BGSA RADIOLOGY

# BROOKS SITE

*AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM*

220 4<sup>th</sup> ST WEST, BROOKS  
BOOKING LINE: 403 794 - 4330  
BOOKING FAX: 403 794 - 4339

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

**\*\*IF YOU ARE UNABLE TO ATTEND YOUR APPOINTMENT, YOU MUST CONTACT OUR OFFICE AT 403-794-4330  
MINIMUM OF 3 HOURS PRIOR TO THE APPOINTMENT TIME OR YOU WILL BE CHARGED \$50.00 FOR A MISSED  
APPOINTMENT\*\***

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Date Of Birth \_\_\_\_\_  
 Health Care # \_\_\_\_\_  
 Third Party Billing \_\_\_\_\_

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

WCB CLAIM YES/ NO CLAIM # DATE

**SPECIAL NEEDS:**  **WHEELCHAIR** \* PLEASE SEND IMAGES WITH PATIENT \_\_\_\_

HISTORY AND PROVISIONAL DIAGNOSIS:

ARE YOU PREGNANT: YES \_\_\_ NO \_\_\_ LMP: \_\_\_\_\_

**ULTRASOUND  
MAX 2 GUESTS ONLY FOR OBSTETRICAL**

**ATTENTION DIABETIC PATIENTS**  
If your examination requires you not to eat and your  
appointment is after 9:30 am, please call **403-794-4330**  
and request an earlier appointment

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

- \_\_ PELVIC\*\*                      \_\_ SCROTAL                      \_\_ LIMITED ABD\*\*
- \_\_ RENAL \*\*                      \_\_ SOFT TISSUE MASS                      OTHER \_\_\_\_\_
- \_\_ OBSTETRICAL\*\*                      \_\_ THYROID
- \_\_ ABDOMEN\*\*                      \_\_ CAROTID DOPPLER
- \_\_ ABD & PELVIC\*\*                      \_\_ VENOUS DOPPLER

DR. SIGNATURE: \_\_\_\_\_ COPIES TO: \_\_\_\_\_