



BGSA RADIOLOGY

BROOKS SITE

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

220 4th 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 _____

Cell Phone _____

Date Of Birth _____

Health Care # _____

Gender Male Female Other

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

Third Party Billing _____

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 www.BGSARADIOLOGY.CA
OR CALL 403 527 7334 EXT 7

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

DR. SIGNATURE: _____ COPIES TO: _____