



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 _____
YOU MUST ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT TIME
YOU WILL BE BILLED \$50 PER MISSED APPOINTMENT

PATIENT NEEDS: OXYGEN WHEELCHAIR LIFT HEARING IMPAIRED LIMITED ENGLISH

PATIENT INFORMATION

NAME _____
DOB _____
GENDER _____
ADDRESS _____
CITY, PROV _____
POSTAL CODE _____
PHONE 1 _____
PHONE 2 _____
AHC# _____
WCB # _____ INJ DATE _____

GENERAL RADIOGRAPHY (X-RAY)

SPECIFIC AREA/EXAM _____

BREAST IMAGING

PREVIOUS: WHERE/WHEN _____

- IMPLANTS
- PREVIOUS BREAST CANCER

MAMMOGRAPHY

- SCREENING
- DIAGNOSTIC L R

ULTRASOUND

- DIAGNOSTIC L R

BONE DENSITY

-
- BASELINE
- 2 YEAR SCREENING
- < 2 YEAR DIAGNOSTIC *specialist only

HISTORY FOR REQUESTED PROCEDURE

*REQUIRED

PREVIOUS RELEVANT IMAGING _____

- TOTAL BODY COMPOSITION** (Patient Pay Exam)
- REPEATS

ULTRASOUND

- ABDOMEN
- ABD WALL/HERNIA INGUINAL *specialist only
- PELVIC EV
- RENAL RENAL DUPLEX
- SCROTAL
- OBSTETRIC DATING ROUTINE COMPLETE BPP
- THYROID
- CAROTID DOPPLER L R
- NECK L R
- VENOUS DOPPLER ARM LEG
- LMP/EDC _____
- F/U (when) _____

MUSCULOSKELETAL ULTRASOUND

- SHOULDER L R
- JOINT OR LIMB _____ L R
- SOFT TISSUE MASS _____ L R

DR. SIGNATURE: _____
PRAC ID# _____

COPIES TO: _____ FAX: _____
www.bgsaradiology.ca

GENERAL INSTRUCTIONS

- Arrive 15 minutes before your appointment time
- Bring identification including your VALID HEALTH CARE CARD
- Phone to cancel if you are unable to keep your booked appointment
- Please notify us if you are diabetic
- Patients suspecting pregnancy should consult their physician before exam date

CHILDREN UNDER 2 - NO PREP NEEDED

ABDOMEN - Fasting

RENAL DUPLEX - Fasting 12 hours, empty bladder

OBSTETRICAL - Full bladder

IUCD - Full bladder

PELVIC - Full bladder

RENAL - Full bladder

RENAL/PELVIC - Full bladder

ABDOMINAL/PELVIC - Fasting and Full bladder

ABDOMINAL/RENAL - Fasting and Full bladder

ABDOMINAL/PELVIC/RENAL - Fasting and Full bladder

ALL OTHER ULTRASOUND EXAMINATIONS - no preparation required

FASTING

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 immediately, drink 2(two) 8 oz. glasses of water. Do not substitute other liquids. You may empty your bladder.

FULL BLADDER

Eat and drink normally throughout the day then empty bladder 1 ½ hours before exam then;

ADULT: Drink 4 (four) 8 oz. glasses of water by 1 hour before exam. Do not empty bladder. Do not substitute other liquids.

CHILDREN 6-14: Drink 2 (two) 8 oz. glasses of water by 1 hour before exam. Do not empty bladder. Do not substitute other liquids.

CHILDREN 2-6: Drink 1 (one) 8 oz. glasses of water by 1 hour before exam. Try to hold bladder. Do not substitute other liquids.

IF YOU HAVE NOT FOLLOWED THE PREPARATION CORRECTLY YOUR EXAM WILL NEED TO BE RESCHEDULED