

DR. SIGNATURE:

PRAC ID#

BROOKS LOCATION

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

3 650 CASSILS RD APPOINTMENT BOOKING LINE: 403 794-4330 YOU MUST ARRIVE 15 MINUTES BEFORE YOUR APPOINTMENT TIME BOOKING FAX: 403 794-4339 YOU WILL BE BILLED \$50 PER MISSED APPOINTMENT PATIENT NEEDS: **□** WHEELCHAIR ☐ HEARING IMPAIRED □ OXYGEN ☐ LIMITED ENGLISH HISTORY FOR REQUESTED PROCEDURE PATIENT INFORMATION *REQUIRED NAME_____ DOB GENDER ADDRESS _____ CITY, PROV PREVIOUS RELEVANT IMAGING POSTAL CODE PHONE 1_____ PHONE 2 ______ AHC# WCB # INJ DATE MAMMOGRAPHY **ULTRASOUND SCREENING** □ ABDOMEN ☐ ABD WALL PREVIOUS: WHERE/WHEN _____ □ AXILLA □ IMPLANTS □ PELVIC □ EV □ RENAL (DIAGNOSTIC EXAMS MUST BE SCHEDULED AT OUR MH LOCATION) Previous breast cancer □ SCROTAL • Any symptom of breast cancer (new lump, bloody □ OBSTETRIC LMP/EDC discharge, etc.) ■ BPP □ DATING • Breastfeeding within last 3 months ☐ F/U (when) ☐ ROUTINE COMPLETE ☐ THYROID □L □R **BONE DENSITY** □ NECK □ BASELINE □ PAROTID ☐ 2 YEAR SCREENING PREVIOUS: ☐ CAROTID DOPPLER □ < 2 YEAR DIAGNOSTIC *specialist only</p> ■ VENOUS DOPPLER □L □R □ ARM □ LEG □ TOTAL BODY COMPOSITION (Patient Pay) ■ SUPERFICIAL MASS ☐ REPEATS

FAX:

COPIES TO:____

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

EXAM

ABDOMEN - Fasting

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