



# BGSA RADIOLOGY

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

## DIAGNOSTIC IMAGING

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 ☐ LIMITED ENGLISH ☐ HEARING IMPAIRED

### PATIENT INFORMATION

NAME \_\_\_\_\_

DOB \_\_\_\_\_

GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, PROV \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE 1 \_\_\_\_\_

PHONE 2 \_\_\_\_\_

AHC# \_\_\_\_\_

WCB # \_\_\_\_\_ INJ DATE \_\_\_\_\_

### HISTORY FOR REQUESTED PROCEDURE

\*REQUIRED

PREVIOUS RELEVANT IMAGING

☐ TOTAL BODY COMPOSITION (Patient Pay Exam)

☐ REPEATS

### GENERAL RADIOGRAPHY (X-RAY)

SPECIFIC AREA/EXAM

### BREAST IMAGING

PREVIOUS: WHERE/WHEN \_\_\_\_\_

☐ IMPLANTS

☐ PREVIOUS BREAST CANCER

### MAMMOGRAPHY

☐ SCREENING BILATERAL

☐ DIAGNOSTIC ☐ L ☐ R

### ULTRASOUND

☐ SCREENING

☐ DIAGNOSTIC ☐ L ☐ R

### BONE DENSITY

PREVIOUS: WHERE/WHEN \_\_\_\_\_

☐ BASELINE

☐ 2 YEAR SCREENING

☐ < 2 YEAR DIAGNOSTIC \*specialist only

### ULTRASOUND

☐ ABDOMEN

☐ ABD WALL/HERNIA

☐ PELVIC

☐ RENAL

☐ SCROTAL

☐ OBSTETRIC

☐ DATING

☐ ROUTINE COMPLETE

☐ THYROID

☐ CAROTID DOPPLER

☐ NECK

☐ VENOUS DOPPLER

☐ ARM ☐ LEG

☐ INGUINAL \*specialist only

☐ EV

☐ RENAL DUPLEX

LMP/EDC \_\_\_\_\_

☐ F/U (when) \_\_\_\_\_

☐ BPP

☐ L ☐ R

☐ L ☐ R

### 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

B-10-05-Jan11, 2024

## 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**