



- AVENIDA
- FOREST LAWN
- WALDEN
- OKOTOKS

101, 12445 Lake Fraser Dr. SE, Calgary, AB T2J 7A4
 20, 3301 17 Ave SE, Calgary, AB T2A 0R2
 140, 19606 Walden Blvd SE, Calgary, AB T2X 4C3
 107, 109 Southbank Blvd, Okotoks, AB T1S 0G1

Fax: (587) 349 - 0515
 Fax: (403) 455 - 3521
 Fax: (403) 931 - 9998
 Fax: (403) 982 - 0606

HOURS: Monday-Friday: 8:30 – 4:30

BOOKING LINE: (587) 351 - 9729

PATIENT & APPOINTMENT INFORMATION

Date of Request: _____ AHC #: _____ Gender: M F
 Name: _____ DOB (D/M/Y): _____
 Address: _____ WCB #: _____
 City: _____ PC: _____ Accident Date: _____
 Phone: _____ Other Phone: _____ **Appt Date & Time:** _____

RELEVANT CLINICAL HISTORY

CLINICAL QUESTION TO BE ANSWERED

DIAGNOSTIC SERVICES

General Ultrasound

- Routine Abdomen
- Appendix
- Abdomen & Pelvis
- Pelvis
- Kidneys, Ureters, & Bladder
- Hernia Groin
- Abdominal Wall
- Umbilical
- Thyroid
- Neck (salivary glands, lymph nodes, mass)
- Scrotum
- Soft Tissue Mass: _____
- Other: _____

Obstetrical Ultrasound

- Early Obstetric (dating/viability)
- Routine Detailed Obstetric (18+ weeks)
- Biophysical Profile (30+ weeks)
- Other: _____

Vascular Ultrasound

- Carotid Doppler
- Venous (DVT) Leg R L
- Venous (DVT) Arm R L

MSK Ultrasound

- (X-ray may be required prior to ultrasound)
- Shoulder R L
 - Elbow R L
 - Wrist R L
 - Carpal Tunnel R L
 - Hand R L
 - Hip R L
 - Knee (includes Baker's Cyst) R L
 - Ankle R L
 - Achilles Tendon R L
 - Foot R L
 - Plantar Fascia R L
 - Finger or Toe R L
 - Muscle/ Tendon: _____
 - Ganglion: _____
 - Other: _____

Image Guided Pain Therapy

- *Offered at the Forest Lawn location*
- Pain Therapy Injection R L
 - Site (specify area): _____
 - _____
 - _____
 - Number of repeats (limit 4 per site per year): _____

X-Ray (Walk-in basis)

- No appointment required
- X-ray: _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - Pregnant: Y N
 - LMP: _____

Pediatric Ultrasound

- Abdomen
- Appendix
- Pelvis
- Renal (kidney/bladder)
- Inguinal Hernia
- Pylorus (under 3 months)
- Scrotum/ Testicles
- Thyroid
- Neck (includes salivary glands)
- Other: _____

REFERRING PHYSICIAN

Requisitions for non-medical emergencies can be faxed over to the location of your choice for us to contact your patient to book the appointment.

Name: _____
 Phone: _____
 Fax: _____
 Practitioner's Stamp/ ID: _____
 Copy to Dr. _____
 Fax Copy to Dr. _____

STAT REPORT OPTIONS

- STAT Fax: _____
- STAT Verbal Report (Specify Phone Number): _____
- Send copy of images with patient (CD)
 reports and images are also available on NetCare

LOCATIONS

Avenida Village

101, 12445 Lake Fraser Dr. SE
Calgary, AB T2J 7A4

Services:

- Ultrasound
- X-ray (no appointment needed
closed 12:00 pm – 1:00 pm)

Hours: Monday – Friday
8:30 am – 4:30 pm

Fax: (587) 349 - 0515

Forest Lawn

20, 3301 17 Ave SE
Calgary, AB T2A 0R2

Services:

- Ultrasound
- Pain Injection
- X-ray (no appointment needed
closed 12:00 pm – 1:00 pm)

Hours: Monday – Friday
8:30 am – 4:30 pm

Fax: (403) 455 - 3521

Walden

140 19606 Walden Blvd SE
Calgary, AB T2X 4C3

Services:

- Ultrasound
- X-Ray (no appointment needed
closed 12:00 pm – 1:00 pm)

Hours: Monday – Friday
8:30 am – 4:30 pm

Fax: (403) 931 – 9998

Okotoks

107, 109 Southbank Blvd
Okotoks, AB, T1S 0G1

Services:

- Ultrasound
- X-Ray (no appointment needed
closed 12:00 pm – 1:00 pm)

Hours: Monday – Friday
8:30 am – 4:30 pm

Fax: (403) 982 - 0606

www.adcimaging.com

PATIENT INSTRUCTIONS

- Please bring your requisition form and a valid Alberta Health Card.
 - Arrive 15 minutes prior to your exam.
 - Please phone us if you are unable to keep your appointment.
 - Do not bring any children who require supervision.
 - Kindly advise us of any limitation of mobility prior to your exam.
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X-RAY (WALK-IN)

X-rays are on a walk-in basis only; no appointment is required. We are closed for lunch from 12:00pm to 1:00pm. Please arrive 30 minutes prior to closing time in order to ensure your x-ray can be completed.

INSTRUCTIONS FOR ULTRASOUND

Abdomen:

This exam requires that you **do not eat, drink, chew gum or smoke 6 hours** prior to the examination.

Abdomen and Pelvis Combined:

This exam requires a **6-hour fasting** period and a **full bladder**. **Do not eat 6 hours** prior to the examination. Please **drink and finish 1L** (32 oz.) of water **1 hour** prior to the examination. **Do not empty** bladder until after the examination. The pelvic examination cannot be done if the bladder is not full.

Pelvis/ Bladder/ Kidneys, Ureters, and Bladder / Obstetric Under 30 Weeks

This exam requires a **full bladder**. Please **drink and finish 1L** (32 oz.) of water **1 hour** prior to the examination. **Do not empty** bladder until after the exam. You may eat your regular meals and/or snack prior to the exam.

Pregnancy 30 Weeks and Over or Biophysical Profile

This exam requires a **partially full bladder**. Please **drink and finish 500ml** (16 oz.) of water **45 minutes** prior to the examination. **Do not empty** bladder until after the examination. Eat regular meals or have a snack **30 minutes** prior to the examination.

INSTRUCTIONS FOR PEDIATRIC ULTRASOUND

Abdomen:

For infants and children: No food or milk 3 hours prior to exam. Clear fluids are allowed, no pop.

Combined Abdomen and Pelvis:

For infants and children 0-2 years: No food or milk 3 hours prior to your exam. Water or juice 1-2 hours prior to the exam is helpful to fill the bladder. **For children 2 years and older:** Do not eat or drink for 6 hours prior to your appointment. Please drink and finish 2-3 glasses of water or juice (8 oz. each) 1-2 hours prior to your appointment. **Do not empty bladder.**

Kidney and Bladder:

Fasting is not required for this exam. **For infants and children who are not toilet trained:** No preparation is required, however water or juice 1-2 hours prior to the exam is useful to fill the bladder. **For children who are toilet trained:** A full bladder is necessary for this exam. Please drink and finish 2-3 glasses of water or juice (8 oz. each) 1-2 hours prior to your appointment. **Do not empty bladder.**

Neck/ Thyroid/ Testicles/ Scrotum:

No preparation is required.

Pediatric Pylorus:

Nothing by mouth for 3 hours prior to your appointment. Please bring a bottle of formula, breast milk, or sterile water as it may be required for the exam.