



Patient's Name		Appointment Date		dd / mm / yy	Time	:
Address			City		Prov	
Postal Code		Home Phone		Work Phone		
Date of Birth		dd / mm / yy	Age		Gender	
				<input type="radio"/> Male		<input type="radio"/> Female
PHN			Pregnant?		<input type="radio"/> Yes <input type="radio"/> No	
WCB <input type="radio"/>			Date of LMP _____			

Patients whom miss their appointment or fail to cancel 24 hrs prior to their exam, may be charged a \$35 fee.

X-Ray (WALK-IN)

Examination(s) requested	Acc#
	Tech Init.
	No. of Images

Bone Mineral Densitometry (DEXA)

<input type="radio"/> Thoracic & Lumbar Spine Correlative Radiographs <input type="radio"/> Spine & Hip	Acc#
	No. of Images

Mammography Screening (By Appointment only)

<input type="radio"/> Screening (No signs or symptoms) Age 40 plus	Acc#
	Tech Init.
	No. of Images

Ultrasound (By Appointment only)

<input type="radio"/> Complete Abdomen <input type="radio"/> Pelvic <input type="radio"/> Renal (K.U.B.) <input type="radio"/> Urinary Bladder <input type="radio"/> Doppler Leg Veins (Right or Left) <input type="radio"/> Other: _____	<input type="radio"/> Obstretrical Series <input type="radio"/> Early OBS (<12 weeks) <input type="radio"/> Nuchal Translucency <input type="radio"/> Routine <input type="radio"/> Obstretrical BPP <input type="radio"/> Twins	<input type="radio"/> Carotid Artery <input type="radio"/> Thyroid <input type="radio"/> Salivary Glands <input type="radio"/> Scrotal <input type="radio"/> Soft Tissue Mass
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Significant History & Diagnosis

<input type="radio"/> STAT To	<input type="radio"/> CC DR
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Practitioners Name	Signature
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Mammogram

Do not use deodorant, antiperspirant or talcum powder on the day of the appointment. If you are experiencing pre-menstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two-piece outfit. At time of booking, advise where previous mammogram was done, if applicable, and allow one week for films to arrive before appointment date.

Ultrasound

Abdominal Ultrasound

Eat only fat free foods the evening prior to your examination. Do not eat anything later than midnight the night before your examination. If your examination is booked for the afternoon, you may eat a slice of dry toast and drink clear liquids up until 8:00 am. You may continue to drink plain water until three hours prior to the examination. Do not chew gum prior to or during the exam.

Pelvic, Obstetrical, BPP or Renal Ultrasound

Empty your bladder (if necessary) 90 minutes prior to the examination. After voiding, drink four glasses (one litre) of water. Finish drinking the full amount at least one hour prior to the examination. Do not empty your bladder again prior to drinking the full amount at least one hour prior to the examination. The examination may not be done if your bladder is not full. You may continue to eat.

Abdomen and Pelvic Ultrasound

Eat only fat-free foods the evening prior to the examination. Do not eat anything later than midnight the night before your examination. Empty your bladder (if necessary) 90 minutes prior to the examination. Following this, drink four glasses (one litre) of water at one sitting. Do not empty your bladder again prior to the examination. Pelvic ultrasound cannot be adequately performed if your bladder is not full.

All other ultrasound examinations which are not listed above do not require patient preparation.

Walk-In X-Ray

You must bring your current health insurance card. Please arrive 10 minutes before your appointment. Please inform technologist if there is a chance you may be pregnant. To reschedule or cancel, please phone us 48 hours before your appointment.



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