



**335 Columbia Blvd W Lethbridge, AB T1K 5Y8**  
**Tel: (403) 380-6565 Fax: (403) 380-6551**

Hours of Operation (By Appointment Only)  
 Mon - Thurs: 7:00am - 4:30pm Fri: 7:00am - 2:00pm

Website: www.advocatemedicalimaging.com

PATIENT NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  MALE  FEMALE  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 PHN: \_\_\_\_\_

WCB CLAIM:  
 CLAIM #: \_\_\_\_\_

**APPOINTMENT DATE & TIME:** \_\_\_\_\_

**REFERRING PHYSICIAN**

NAME: \_\_\_\_\_ CLINIC NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_ SEND COPY TO: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ FAX: \_\_\_\_\_

**CLINICAL HISTORY**

**PLEASE BRING YOUR HEALTH CARD AND THIS REQUISITION FORM**

**EXAMINATION(S) REQUESTED**

**PREPARATION**

<input type="checkbox"/> ABDOMEN <input type="checkbox"/> ELASTOGRAPHY	Nothing to eat or drink 6 hours before your exam. No chewing gum or smoking. Brushing teeth is permitted.
<input type="checkbox"/> PELVIS <input type="checkbox"/> KUB	Finish drinking 1 litre of water 90 minutes before your appointment time. Do not go to the bathroom, a full bladder is required for this exam. Children (12 & under) - 500ml of water
<input type="checkbox"/> ABDOMEN/PELVIS	Nothing to eat 6 hours before your exam. Finish drinking 1 litre of water 90 minutes before your appointment time. Do not go to the bathroom, a full bladder is required for this exam.
<input type="checkbox"/> OBSTETRICAL < 12 WKS	Finish drinking 1 litre of water 90 minutes before your appointment time. Do not go to the bathroom, a full bladder is required for this exam.
<input type="checkbox"/> OBSTETRICAL > 13 WKS <input type="checkbox"/> BIOPHYSICAL PROFILE (BPP)	Finish drinking (2) 8 ounce glasses of water 90 minutes before your appointment time. Do not go to the bathroom, a full bladder is required for this exam.

**EXAMINATIONS (NO PREPARATION REQUIRED)**

GROIN  BILATERAL  RIGHT  LEFT  SCROTAL  PAROTID & SUBMANDIBULAR  
 NECK  HERNIA: \_\_\_\_\_  
 THYROID  OTHER: \_\_\_\_\_

**MUSCULOSKELETAL**

**VASCULAR**

SHOULDER  BILATERAL  RIGHT  LEFT  
 KNEE  BILATERAL  RIGHT  LEFT  
 HIP  BILATERAL  RIGHT  LEFT  
 ELBOW  BILATERAL  RIGHT  LEFT  
 WRIST  BILATERAL  RIGHT  LEFT  
 HAND  BILATERAL  RIGHT  LEFT  
 FOOT  BILATERAL  RIGHT  LEFT  
 ANKLE  BILATERAL  RIGHT  LEFT  
 ACHILLES  BILATERAL  RIGHT  LEFT

VENOUS DOPPLER	OTHER
<input type="checkbox"/> LEFT	<input type="checkbox"/> CAROTID DOPPLER
<input type="checkbox"/> RIGHT	<input type="checkbox"/> ANKLE BRACHIAL INDEX
<input type="checkbox"/> BILATERAL	<input type="checkbox"/> VEIN MAPPING - BILATERAL
ARTERIAL DOPPLER	PREPARATION
<input type="checkbox"/> UPPER EXTREMITIES	No preparation required.
<input type="checkbox"/> LOWER EXTREMITIES	Nothing to eat or drink 6 hours before your exam. Drinking water is permitted. No chewing gum or smoking. Brushing teeth is permitted. Any required medication may be taken with water.
<input type="checkbox"/> RENAL	Nothing to eat or drink 6 hours before your exam. No chewing gum or smoking. 90 minutes before your exam drink (2) 8 oz glasses of water. Patient is not required to hold bladder, but does need to be well hydrated.

OTHER: \_\_\_\_\_