Central Alberta
Medical Imaging Services

General Booking: 403-343-7459 | F: 403-309-0092 | www.camiscare.ca
Mammography Booking: 403-755-8066 or 403-755-8062 | info@camiscare.ca

GENERAL REQUEST FORM

Appt Date/Time _____

Patient Information

Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone Home _____ Alt _____

DOB (D/M/Y) _____ M ☐ F ☐
A.H.C.# _____
WCB Claim # _____
Date of Injury (D/M/Y) _____

Clinical Information (Required) _____

X-ray (no appointment necessary - Monday through Friday 7:15 am - 6:00 pm) ☐ Red Deer Main ☐ Red Deer ND Plaza

Exam(s) requested _____

Ultrasound Locations

(NOTE: Breast Imaging, Ultrasound Guided Biopsy, and Bone Mineral Densitometry available ONLY at the Red Deer Main location.)

☐ Red Deer Main
Phone: 403-343-6172
Fax: 403-309-0092

☐ Red Deer ND Plaza
Phone: 403-967-0672
Fax: 403-754-4389

☐ Sylvan Lake
Phone: 403-864-0130
Fax: 403-864-0131

☐ Olds
Phone: 403-556-3554
Fax: 403-556-8933

☐ Stettler
Phone: 403-742-2240
Fax: 403-742-1188

Ultrasound (Please provide history)

Pregnancy

☐ Single ☐ Twin

☐ Dating / Viability
☐ Nuchal Translucency (11-13w 6d)
☐ Detailed Anatomic Survey >18 weeks
☐ Biophysical Profile >=28 weeks
☐ Other _____

General

☐ Abdomen
☐ Pelvis
☐ Thyroid ☐ Neck
☐ Scrotum
☐ Hernia ☐R ☐L
☐ Kidney / Bladder
☐ Superficial Mass _____
☐ Other _____

Vascular

☐ Echocardiography (Heart) >15 years
☐ Carotid Arteries
☐ Venous Leg (DVT) ☐R ☐L
☐ Venous Arm (DVT) ☐R ☐L
☐ Limited Ankle Brachial Indicies (ABI)
☐ Other _____

Breast Imaging

Mammography

☐ Screening (no clinical signs or symptoms)
☐ Diagnostic (Please provide history)
☐ Galactography (Please provide history)

Breast Ultrasound

☐ Breast Ultrasound ☐R ☐L
☐ Axilla Ultrasound ☐R ☐L

Ultrasound-Guided Biopsy

☐ US Guided Breast Biopsy ☐R ☐L
☐ US Guided Breast Cyst Asp. ☐R ☐L
☐ US Guided Prostate Biopsy

Bone Mineral Densitometry

☐ Bone Densitometry ☐ Body Composition (uninsured service)

Referring Physician

Stat Report ☐

Name _____
Address _____
_____
Phone _____ Fax _____

PRAC ID _____
Signature _____
CC _____
_____ Fax _____