



GENERAL REQUEST FORM

Patient Information

Name _____ M F Other
 Address _____ DOB (D/M/Y) _____
 City _____ A.H.C.# _____
 Province _____ Postal Code _____ WCB Claim # _____
 Phone Home _____ Alt _____ Date of Injury (D/M/Y) _____

X-ray (no appointment necessary. Times vary per location) **Red Deer Main** **Red Deer ND Plaza**
Exam(s) requested _____

Clinical Information (Required) _____

Ultrasound

General

- Abdomen
- Pelvis
- Thyroid Neck
- Scrotum
- Hernia (Specialist Order) R L
- Kidney/Bladder
- Superficial Mass _____
- *Elastography
- *Venous Insufficiency
- Other _____

Pregnancy

- Date of Last Menstrual Period** _____
- Single Twin
 - Complete Obstetrical Assessment (Dating, Nuchal, Detailed)
 - Dating/Viability
 - Nuchal Translucency (11-13w 6d)
 - Detailed Anatomic Survey >18 weeks
 - Biophysical Profile >=28 weeks
 - Other _____

Vascular

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

Breast Imaging

Screening

- Complete Screening Workup
 - Screening Mammography
 - *Please provide history
 - Screening Breast Ultrasound
- ** Complete Workup Includes:
 Mammography and/or Breast Ultrasound
 Ultrasound Guided Biopsy as Indicated



Diagnostic

- Complete Diagnostic Workup
- Diagnostic Mammography
- *Please provide history
- Breast Ultrasound R L
- Axilla Ultrasound R L
- Galactography R L

Ultrasound-Guided Biopsy

- US Guided Breast Biopsy R L
- US Guided Breast Cyst Asp. R L
- US Guided Clip Placement R L
- Prostate Biopsy
- Fusion Prostate Biopsy

Bone Mineral Densitometry

NOTE: All Bone Mineral Densitometry Exams ordered within two years of the prior must be approved by CAMIS.

- Bone Densitometry Body Composition (uninsured service)

Red Deer Main

4312 54 Ave,
 Red Deer, AB
 Phone: 403-343-6172
 Fax: 403-309-0092

Red Deer ND Plaza

1117-2827 30th Ave,
 Red Deer, AB
 Phone: 403-967-0672
 Fax: 403-754-4389

Sylvan Lake

33 Beju Ind. Drive,
 Sylvan Lake, AB
 Phone: 403-864-0130
 Fax: 403-864-0131

Olds

240-6700 46 St,
 Olds, AB
 Phone: 403-556-3554
 Fax: 403-556-8933

Stettler

4710 50 St,
 Stettler, AB
 Phone: 403-742-2240
 Fax: 403-742-1188

Innisfail

4824-46 Avenue,
 Innisfail, AB
 Phone: 825-639-2070
 Fax: 587-823-2934

Lacombe

5230 45th Street,
 Lacombe, AB
 Phone: 825-640-3050
 Fax: 403-789-1141

Rocky Mountain House

5127 49 Street,
 Rocky Mountain House, AB
 Phone: 403-864-0130
 Fax: 403-864-0131

Referring Physician

Name _____
 Address _____
 Phone _____ Fax _____

Stat Report

PRAC ID _____
 Signature _____
 CC _____ Fax _____