

# NUCLEAR MEDICINE / CT REQUEST FORM

Appt Date/Time \_\_\_\_\_

## 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) \_\_\_\_\_

## Clinical Information (Required)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Post SPECT/CT

(to guide facet injections)  
 Based on the SPECT/CT findings, please proceed with appropriate injections.

- Bone Scan
- Parathyroid
- HIDA (Hepatobiliary) +GBEF
- MUGA

## Computed Tomography (CT)

(Private Pay Uninsured Service)

- |  |  |
|--|--|
| <b>Head / Neck / Chest</b><br><input type="checkbox"/> Enhanced Head<br><input type="checkbox"/> Unenhanced Head<br><input type="checkbox"/> Orbits<br><input type="checkbox"/> Paranasal Sinuses<br><input type="checkbox"/> Temporal Bones<br><input type="checkbox"/> Bony Pelvis / Hips<br><input type="checkbox"/> Non-Contrast Chest | <b>Spine Extremity</b><br><input type="checkbox"/> Cervical<br><input type="checkbox"/> Thoracic<br><input type="checkbox"/> Lumbar<br><input type="checkbox"/> SI Joints<br><input type="checkbox"/> Extremity _____<br>_____ |
|--|--|

## CT Exams

Complete Checklist Below

- |   |   |
|---|---|
| Previous allergy to Xray Contrast (Dye) | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Previous allergy to CT Contrast         | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Pregnant                                | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Breastfeeding                           | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Renal Failure                           | Y <input type="checkbox"/> N <input type="checkbox"/> |

NOTE: CT patients with renal disease or waiting to see a kidney specialist must have a serum creatinine within the last 90 days.

## Referring Physician

Stat Report

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

PRAC ID \_\_\_\_\_  
 Signature \_\_\_\_\_  
 CC \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_

### CAMIS Red Deer - Main

**Address:** 4312 54 Ave, Red Deer  
**Phone:** 403-343-6172 | **Fax:** 403-309-0092

Ultrasound: Diagnostic, Prenatal, MSK  
Breast Ultrasound  
Echocardiography  
Ultrasound-Guided Biopsy  
Pain Management  
Nuclear Medicine  
ABI

Walk In X-Ray  
CT Scans (Private)  
Bone Mineral Densitometry (BMD)  
Body Mass Composition Scan (BMC)  
Screening Mammography  
Diagnostic Mammography

### CAMIS Red Deer North Gaetz

**Address:** Unit 130 - 7101 50 Ave, Red Deer  
**Phone:** 403-753-8061 | **Fax:** 403-309-0092

Ultrasound:  
- Diagnostic, Prenatal

### CAMIS Red Deer Notre Dame Plaza

**Address:** Bay 1117 - 2827 30 Ave, Red Deer  
**Phone:** 403-967-0672 | **Fax:** 403-754-4389

Ultrasound:  
- Diagnostic, Prenatal, MSK  
MRI / Private MRI

Walk In X-Ray  
Pain Management

### CAMIS Red Deer Gasoline Alley

**Address:** Unit 102 - 408 Lantern Street, Red Deer  
**Phone:** 403-755-8068 | **Fax:** 403-309-0092

Ultrasound:  
- Diagnostic, Prenatal

### CAMIS Sylvan Lake

**Address:** 115 - 33 Beju Ind. Drive, Sylvan Lake  
**Phone:** 403-864-0130 | **Fax:** 403-864-0131

Ultrasound:  
- Diagnostic, Prenatal, MSK

### CAMIS Olds

**Address:** 240-6700 46 Steet, Olds  
**Phone:** 403-556-3554 | **Fax:** 403-556-8933

Ultrasound:  
- Diagnostic, Prenatal

Echocardiography  
Screening Mammography

### CAMIS Stettler

**Address:** 4710 50 St, Stettler  
**Phone:** 403-742-2240 | **Fax:** 403-742-1188

Ultrasound:  
- Diagnostic, Prenatal

Echocardiography

### CAMIS Innisfail

**Address:** Unit 100 - 4824-46 Ave, Innisfail  
**Phone:** 825-639-2070 | **Fax:** 587-823-2934

Ultrasound:  
- Diagnostic, Prenatal

### CAMIS Lacombe

**Address:** 121, 5250 45 Street, Lacombe  
**Phone:** 825-640-3050 | **Fax:** 403-789-1141

Ultrasound:  
- Diagnostic, Prenatal

Echocardiography  
Pain Management

### CAMIS Rocky Mountain House

**Address:** Unit 2 - 5020 44 Street, Rocky Mtn House  
**Phone:** 587-798-1484 | **Fax:** 403-864-0131

Ultrasound:  
- Diagnostic, Prenatal

Echocardiography

### CAMIS Drayton Valley

**Address:** Unit 3 - 5004 50 Ave, Drayton Valley  
**Phone:** 587-673-1727 | **Fax:** 825-317-2501

Ultrasound:  
- Diagnostic, Prenatal  
Screening Mammography  
Echocardiography

Walk In X-Ray  
Bone Mineral Densitometry (BMD)  
Body Mass Composition Scan (BMC)