

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 ☐ Drayton Valley

Exam(s) Requested: _____

Clinical Information (Required): _____

Ultrasound

General (Adult and Pediatric)

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

Specialty

Vascular

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

Specialized Pediatric

- ☐ Pediatric Hip 6wks – 4 months
- ☐ Pediatric Spine < 4 months
- ☐ Pyloric Stenosis < 4 months

Bone Mineral Densitometry

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

- ☐ Bone Densitometry
- ☐ Body Mass Composition (uninsured service)

Breast Imaging

Screening



- ☐ Complete Screening Workup
- ☐ Screening Mammography
- ☐ Screening Breast Ultrasound

**** Complete Workup Includes:**
Mammography and/or Breast Ultrasound
Ultrasound Guided Biopsy as Indicated

Diagnostic

- ** Please Provide History**
- ☐ Complete Diagnostic Workup
 - ☐ Diagnostic Mammography
 - ☐ 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

Referring Physician

Name _____
Address _____
Phone _____ Fax _____

Stat Report ☐

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: 403-755-8061 | **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)