

ROSS CREEK MEDICAL IMAGING

Phone/Booking: 780-998-9739

Unit 103, 10101 - 86 Avenue
Fort Saskatchewan
T8L 4P4

Fax: 780-998-9993

HOURS: MONDAY - FRIDAY 8:00 AM - 5:00 PM www.rosscreekxray.com

Patient's Name: _____ Appointment Date: DD / MM / YY

Address: _____ City: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Date of Birth: DD / MM / YY Age: _____

Sex: Male Female

PHN: _____
(for coverage, please present A.B.H. Card)

WCB

Pregnant:
 Yes No N/A
Date of L.M.P.:
DD / MM / YY

**WE ACCEPT
SOME WALK-IN
ULTRASOUND
PATIENTS**

X-RAY WALK-IN

Examinations(s) requested:

FLUOROSCOPY BY APPOINTMENT ONLY

- Esophagus H.S.G.
- UGI Series Other: _____
- Small Bowel follow through

ULTRASOUND BY APPOINTMENT ONLY

- | | | | | | |
|--|---|---|--|--|--|
| <input type="radio"/> Complete Abdomen | <input type="radio"/> Early Pregnancy | <input type="radio"/> Carotid Arteries | <input type="radio"/> Breast <u> </u> L <u> </u> R | MSK: | <input type="radio"/> Achilles <u> </u> L <u> </u> R |
| <input type="radio"/> Pelvis | <input type="radio"/> Obstetrical Routine | <input type="radio"/> Thyroid | <input type="radio"/> Venous Leg <u> </u> L <u> </u> R | <input type="radio"/> Shoulder <u> </u> L <u> </u> R | <input type="radio"/> Carpal Tunnel <u> </u> L <u> </u> R |
| <input type="radio"/> Renal | <input type="radio"/> BPP | <input type="radio"/> Neck | <input type="radio"/> A.B.I. | <input type="radio"/> Knee <u> </u> L <u> </u> R | <input type="radio"/> Plantar Fascia <u> </u> L <u> </u> R |
| <input type="radio"/> Urinary Tract | <input type="radio"/> Twins | <input type="radio"/> Peripheral Arterial Screening | <input type="radio"/> Other: _____ | <input type="radio"/> Wrist <u> </u> L <u> </u> R | <input type="radio"/> Hip Joint <u> </u> L <u> </u> R |
| <input type="radio"/> Scrotum | <input type="radio"/> Nuchal Translucency | | | <input type="radio"/> Elbow <u> </u> L <u> </u> R | <input type="radio"/> Trochanteric Bursa <u> </u> L <u> </u> R |
| | | | | <input type="radio"/> Ankle <u> </u> L <u> </u> R | |

MAMMOGRAPHY BY APPOINTMENT ONLY

- Screening (no signs or symptoms)
- Diagnostic (provide history)



BONE MINERAL DENSITOMETRY BY APPOINTMENT ONLY

- Thoracic & Lumbar Spine Correlative Radiographs
- Bone Density
- Total Body Composition

SIGNIFICANT HISTORY & DIAGNOSIS

STAT REPORT

Practitioner's Name: _____

Signature: _____

Dr.'s Fax #: _____

CC DR: _____

NO APPOINTMENT REQUIRED FOR GENERAL X-RAY

PATIENT INSTRUCTIONS

Appointment Date: DD / MM / YY

Appointment Time: _____

General: You must bring your current health insurance card. Please arrive 10 minutes before your appointment. Please notify reception if you are diabetic. To reschedule or cancel, please phone us 48 hours before your appointment.

MAMMOGRAM

Do not use deodorant, antiperspirant or talcum powder on the day of the appointment. If you are experiencing premenstrual breast tenderness, you may delay booking until tenderness has subsided. Wear a two-piece outfit. At time of booking, advise where previous mammogram was done, if applicable, and allow one week for films to arrive before appointment date.

ULTRASOUND

Abdominal Ultrasound

Eat only fat free foods the evening prior to your examination. Do not eat anything later than midnight the night before your examination. If your examination is booked for the afternoon, you may eat a slice of dry toast and drink clear liquids up until 8:00 a.m. You may continue to drink plain water until three hours prior to the examination. Do not chew gum prior to or during the exam.

Pelvic, Obstetrical, BPP or Renal Ultrasound

Empty your bladder (if necessary) 90 minutes prior to the examination. Following this, drink four glasses (one litre) of water. Finish drinking the full amount at least one hour prior to the examination. Do not empty your bladder again prior to the examination. The examination may not be done if your bladder is not full. You may continue to eat.

Abdominal & Pelvic Ultrasound

Eat only fat free foods the evening prior to your examination. Do not eat anything later than midnight the night before your examination. Empty your bladder (if necessary) 90 minutes prior to the examination. Following this, drink four glasses (one litre) of water at one sitting. Do not empty your bladder again prior to the examination. Pelvic ultrasound cannot be adequately performed if your bladder is not full.

* All other ultrasound examinations which are not listed above do not require patient preparation.

Stomach & Duodenum (S&D) Esophagus, and Upper GI (UGI) Small Bowel (SB FT)

Do not drink or eat after midnight the night before the examination. Small bowel may take up to three hours to complete the exam.

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