

<b>PATIENT</b>	APPOINTMENT DATE / TIME: _____	<b>BRING VALID HEALTH CARE CARD &amp; THIS FORM.</b> If you are unable to attend your appointment, please call to cancel or reschedule at least 2 hours prior to your appointment. NO SHOWS MAY BE CHARGED. CHILDREN ARE NOT ALLOWED IN EXAM ROOMS. CHILD CARE IS NOT PROVIDED
<b>REFERRAL</b>	NAME: _____ <small>(LAST) (FIRST) (MIDDLE)</small> ADDRESS: _____ CITY: _____ POSTAL CODE: _____ PROVINCE: _____ PHONE #: _____ <small>HOME WORK / CELL</small>	<input type="checkbox"/> AHC#: _____ <input type="checkbox"/> WCB#: _____ <input type="checkbox"/> OUT OF PROVINCE#: _____ AGE: _____ DOB: _____ <small>(MM / DD / YEAR) (MM / DD / YEAR)</small> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE PREGNANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>LOCATIONS</b>	ORDERING PHYSICIAN: _____ ORDERING PRAC ID: _____ CLINIC NAME: _____ PHONE #: _____ FAX #: _____	SEND COPY TO: _____ CLINIC NAME: _____ PHONE #: _____ FAX REPORTS TO #: _____
<b>EXAM</b>	<b>HISTORY &amp; PROVISIONAL DIAGNOSIS:</b> <input type="checkbox"/> Wheelchair, walker, limited mobility, etc. (allow more time) <input type="checkbox"/> Relevant prior imaging: _____ <small>(LOCATION AND DATE OF EXAM)</small> *Discretion to modify order as per Radiologist	_____ M.D.
<b>EXAM</b>	<b>PLEASE CHOOSE EXAM LOCATION</b> <input type="checkbox"/> PINCHER CREEK HEALTH CENTER 1222 Bev McLachlin Dr, Pincher Creek, AB T0K 1W0 <input type="checkbox"/> THE TABER CLINIC 4900 44 St, Taber, AB T1G 1G1 <input type="checkbox"/> CARDSTON CLINIC – MAIN STREET 271 Main St, Cardston, AB T0K 0K0 <input type="checkbox"/> CROWSNEST PASS HEALTH CENTRE 2001 107 St, Blairmore, AB T0K 0E0	<input type="checkbox"/> RAYMOND HEALTH CENTER 150 N 4 St E, Raymond, AB T0K 2S0 <input type="checkbox"/> VULCAN HEALTH CENTER 610 Elizabeth St, Vulcan, AB T0L 2B0 <input type="checkbox"/> CLARESHOLM GENERAL HOSPITAL 221 43 Ave W, Claresholm, AB T0L 0T0
<b>EXAM</b>	<b>ULTRASOUND (NO PREPARATION REQUIRED)</b> <input type="checkbox"/> ARM VENOUS DOPPLER <input type="checkbox"/> LEG VENOUS DOPPLER <input type="checkbox"/> BILATERAL <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> ARTERIAL DOPPLER (LEGS / ARMS ) <input type="checkbox"/> CAROTID DOPPLER <input type="checkbox"/> RENAL ARTERY DOPPLER	<input type="checkbox"/> NECK <input type="checkbox"/> SCROTUM <input type="checkbox"/> THYROID
<b>EXAM</b>	<b>ULTRASOUND (NO PREPARATION REQUIRED)</b> <input type="checkbox"/> ABDOMEN <input type="checkbox"/> APPENDIX (FULL BLADDER REQUIRED) After midnight, nothing to eat or drink, no chewing gum or candies and no smoking. For infants, withhold the last feeding prior to the appointment time. Medication(s) can be taken with a small amount of water. <input type="checkbox"/> PELVIS <input type="checkbox"/> KIDNEYS, URETER, AND BLADDER (KUB) <input type="checkbox"/> PELVIS WITH APPENDIX FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total). <input type="checkbox"/> ABDOMEN AND PELVIS After midnight, nothing to eat, no chewing gum or candies and no smoking. FINISH drinking 4 glasses of water, 8 oz. each (1 L total), 90 minutes before the appointment time. DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. Children (12 and under) are only required to drink 2 glasses of water, 8 oz. each (500 mL total) <input type="checkbox"/> ABDOMINAL WALL (NO FASTING REQUIRED) SITE: _____	<b>OBSTETRIC ULTRASOUND (PREPARATION REQUIRED)</b> <input type="checkbox"/> First trimester dating ultrasound AND <input type="checkbox"/> Second trimester dating ultrasound (18-22 weeks) May include follow-up for structures not well seen <input type="checkbox"/> Third trimester ultrasound including a biophysical profile (BPP) <input type="checkbox"/> One time <input type="checkbox"/> ASAP or <input type="checkbox"/> WEEK: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly Patients with a BPP of 6/8 or less will be sent to your local hospital within one hour of the exam for a nonstress test (NST) 90 minutes prior to your appointment, empty your bladder, then drink water as specified below. The amount of water you need to drink depends on how far along you are in your pregnancy: <ul style="list-style-type: none"> <li>• Up to 25 weeks - 3 glasses of water, 8 oz. each (750 mL total)</li> <li>• Over 25 weeks - 1 glass of water, 8 oz. (250 mL total)</li> </ul> DO NOT VOID. DO NOT SUBSTITUTE WITH ANY OTHER LIQUID. A full bladder is necessary to perform the exam. If the bladder is not full, the examination will be rescheduled. DO NOT BRING CHILDREN TO YOUR APPOINTMENT, unless accompanied by an adult (other than the patient). Fathers with children present will be asked to remain in the waiting room until the end of the exam when they can be brought in to view the baby. Fathers unaccompanied by children are welcome to view the obstetrical ultrasound.