

X-Ray Request

■ For Fluoro, Bone Mineral Densitometry (BMD) and Mammography exams, fax to Diagnostic Imaging; fax numbers listed at <http://www.albertahealthservices.ca/diagnosticimaging>

■ For X-ray exams, send completed form with patient.

Preferred Facility

Patient label here or information below is required	
Last Name	First Name
Birthdate (yyyy-Mon-dd)	Gender
Address (street, city, province, postal code)	
PHN	Daytime Phone
Inpatient location	WCB Claim Number

Referring Physician (<i>PRINT</i> first and last name)	Physician Phone <i>(required)</i>	Physician Fax <i>(required)</i>	Contact Number for Critical Test Results <i>(required)</i>
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Signature	Date (yyyy-Mon-dd)	Copy to Physician (<i>first and last</i>)	Copy to Fax
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Stat report requested <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify phone/pager
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Specific anatomical area to be examined

Relevant clinical history/presumptive diagnosis

Clinical question to be answered

Relevant Previous Imaging Studies <i>(Mandatory for Mammography)</i>			
Location	Type	Date (yyyy-Mon-dd)	Attached copy
			<input type="checkbox"/> No <input type="checkbox"/> Yes

Current Patient Condition			
Condition	No	Yes	If Yes:
Isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	Specify type:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Specify:
Mechanical lift/transfer required	<input type="checkbox"/>	<input type="checkbox"/>	Specify:
Research Study	<input type="checkbox"/>	<input type="checkbox"/>	Study Name: Study Number:
Patient Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	LMP: Beta HCG:

Transportation
 Ambulatory
 Wheelchair
 Stretcher
 Oxygen
 Portable/Mobile

Patient type
 Outpatient
 Emergency
 Inpatient
▶ Patient Location:

Department Use Only Date format: yyyy-Mon-dd - Time format: hh:mm			
Date Received	Time Received	Date of Appointment	Time of Appointment

Tech Notes			
Patient Pregnant	<input type="checkbox"/> No <input type="checkbox"/> Yes	LMP (yyyy-Mon-dd)	Comments
Radiologist	Tech	Fluoro Time (mm:ss)	Shielded <input type="checkbox"/> No <input type="checkbox"/> Yes Number of Images

Tech Comments
