

PATIENT INFORMATION

Patient's Last Name _____ First Name _____ Sex (M/F) _____ Date of Birth (MM/DD/YYYY) _____

Address _____ City _____ Postal Code _____ Home Phone _____ Business Phone _____

Health Card Number _____

INSURANCE	APPOINTMENT INFORMATION	PATIENT INSTRUCTIONS
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<input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> Private <input type="checkbox"/> WorkSafe BC <input type="checkbox"/> Other: _____	Appointment Date: _____ Appointment Time: _____	<p>Please bring this form and Health Card for every visit.</p> <p>Arrive 15 minutes prior to appointment and give 24 hours notice if unable to attend.</p> <p>If you are late for this appointment, you may have to reschedule.</p> <p>Please notify reception if you are diabetic.</p> <p>Walk in X-Ray, please arrive at least thirty minutes prior to closing.</p>
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X-RAY (No Appointment)	ULTRASOUND (By Appointment Only)
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Examination requested:	Examination requested:
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FLUOROSCOPY (By Appointment Only)	HYSTEROSALPINGOGRAM (By Appointment at West 8th Location Only)
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<input type="checkbox"/> UGI <input type="checkbox"/> UGI with follow-thru <input type="checkbox"/> Small Bowel	What was the first day of your period? (First day of full flow). Month/Day: _____
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PHYSICIAN INFORMATION

Name of Referring Physician _____ MM/DD/YYYY _____ Practitioner Number _____ Physician Signature _____ Copy to: _____	REFERRING PHYSICIAN OFFICE STAMP
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PERTINENT CLINICAL INFORMATION (If patient is diabetic, notify at time of booking. Indicate any known/suspected communicable infectious diseases)

For timely interpretation of this examination, please include clinical information: **Verbal**

Clinical Information (please specify):

VANCOUVER/LOWER MAINLAND LOCATIONS

Vancouver (6 Locations)

Unit #44 - 5740 Cambie St.
Phone: 604-325-3244
Fax: 604-325-0136
X-Ray, Ultrasound, Fluoroscopy
Across from Oakridge Mall

Regent Medical Building
Unit #390 - 2184 West Broadway
Phone: 604-731-2200
Fax: 604-736-9314
X-Ray

Unit #270 - 1144 Burrard St.
Phone: 604-689-8925
Fax: 604-689-3364
X-Ray
Across from St. Paul's Hospital

Unit #430 - 1669 East Broadway
Phone: 604-873-1846
Fax: 604-873-6318
X-Ray, Ultrasound, Mammography
Close to Commercial Dr.
Skytrain Station

Laurel Medical Centre
Unit #106 - 888 West 8th Avenue
Phone: 604-879-7726
Fax: 604-879-7725
X-Ray, Hysterosalpingogram

Vancouver Health Centre
2728 Hastings Street East
Phone: 604-254-1687
Fax: 604-254-1687
X-Ray
Free Parking

PATIENT INSTRUCTIONS

**PLEASE BRING THIS
REQUISITION FORM AND VALID
HEALTH CARD**
**WALK IN X-RAY, PLEASE ARRIVE
AT LEAST THIRTY MINUTES
PRIOR TO CLOSING**

**To request a priority MRI or
Ultrasound appointment,
please visit us at:
www.westcoastmedicalimaging.com/appointment**

Coquitlam

Unit #101 - 1015 Austin Avenue
Phone: 604-937-5588
Fax: 604-936-8800
X-Ray, Ultrasound, Fluoroscopy
Across from Rona
Free Parking

North Delta

Delta Medical Arts Building
Unit #104 - 8425, 120th Street
Phone: 604-590-2211
Fax: 604-581-0405
**X-Ray, Ultrasound,
Mammography, Fluoroscopy**
Free Parking

New Westminister (2 Locations)

Unit #401-233 Nelson's Crescent
Phone: 604-526-2466
Fax: 604-521-5904
X-Ray
Near Royal Columbian Hospital
Royal City Centre
Unit #200 - 610 6th Street
Phone: 604-522-6818
Fax: 604-522-6810
X-Ray, Ultrasound
Free Parking

Surrey (2 Locations)

Unit #001 - 13737 96 Ave
Phone: 604-581-4616
Fax: 604-582-9022
X-Ray
Across from Surrey Memorial

Unit #3 - 15300, 105th Avenue
Phone: 604-581-1101
Fax: 604-582-8520
X-Ray, Ultrasound, Fluoroscopy
Near Guildford Shopping Centre

Children may not accompany you during your exam. Please arrange for proper child supervision. Thank you.

X-RAY, FLUOROSCOPY AND HYSTEROSALPINGOGRAM INSTRUCTIONS

ESOPHAGUS, UPPER G.I. WITH OR WITHOUT SMALL BOWEL EXAMINATION

- Stomach and Duodenum only: examination time 30 minutes to 1 hour.
- Stomach, Duodenum and Small Bowel: examination time 1 to 3 hours.
- Nothing to eat or drink after midnight the night before your appointment, which includes chewing gum, candies and smoking.

COLON

- **48 hours** before your appointment you may have a **light lunch and dinner**.
- **24 hours** before your appointment you may have **clear fluids only**.
- **No solid food** until after the examination is complete.

The day before your appointment:

- **4:00 pm** - Drink the entire contents of a Citromag solution with a large glass of water (or take 60mls of castor oil at 10am).
- **5:00 pm** - Take 2 Dulcolax tablets with a large glass of water.
- **10:00 pm** - Insert one Dulcolax Suppository.
- You may drink water up until your appointment time. Prescription medications may be taken with water. A clean colon gives the best results and avoids the need for re-examination.
- **All barium exams** - Barium may cause constipation. Plenty of fluids should be taken after the examination. In addition, a laxative should be taken after the examination, if there is a tendency to constipation

HYSTEROSALPINGOGRAM

- Abstain from sexual intercourse from the first day of menstrual period until the examination has been completed. Examination time is approx. 30 min.

ULTRASOUND INSTRUCTIONS

ABDOMINAL

- Fasting for 12 hours prior to the test and **fat free** dinner (no dairy products, meat, eggs or fried foods) the day before. Examination time is approx 30 min.

RENAL ONLY

- Drink 2 full glasses (16 oz.) of water 2 hours prior to examination. Do not void until after the examination.

PELVIC / OBSTETRICAL / BLADDER EXAMINATION

- A full bladder is essential for these examinations. Drink 32 oz (4 cups) water 2 hours prior to your appointment time. After which, do not empty your bladder until your exam is completed.

ABDOMINAL AND PELVIC (COMBINATION SCAN)

- Fat free diet (no dairy products, meat, eggs or fried foods) the day before and fasting for 12 hours. Drink 32 oz (4 cups) water 2 hours prior to your appointment time. After which, do not empty your bladder until your exam is completed.

BREAST, THYROID, TESTES AND EXTREMITIES

- No preparation is required.