## **TO BOOK AN APPOINTMENT**







For Ultrasound Appointment FAX Requisitions: (250) 412-1782

Central Booking Tel: (250) 412-1780

PATIENT INFORMATION								
Patient's Last Name			Address		City			
First Name			Postal Code		Phone Number			
ex  M F Date of Birth (M	M/DD/YYYY) /	/	Health Card Nu	mber	1111			
INSURANCE	PATIENT INFORMATION		IENT INSTRUCTION					
<ul><li>■ MSP</li><li>■ ICBC</li><li>■ Private</li><li>■ WorkSafe BC</li><li>■ Other:</li></ul>	Is patient diabetic?  YES NO  Indicate any known/ suspected communicable infectious diseases:	• Arrive 1 • If you a • Please • Walk in • Childre • Please	5 minutes prior to re late for this app notify reception i X-Ray, please arri n may not accomp	d Health Card for e appointment and g cointment, you may f you are diabetic. ve at least thirty m any you during you te for updated info ner policies.	give 24 hours noti have to resched inutes prior to clo r exam. Please ar	ule. osing. range proper cl	hild care.	
-RAY (No Appointment)	CLINICAL	CLINICAL HISTORY ULTRASOUND (By			(By Appointm	ent Only)		
xamination requested:		□ Urgent	□ Verbal		Examination re	quested:		
HYSICIAN INFORMATION (this se	ection must be completed	d in full)						
	Clinic Address:							
ranslator for the purpose of 🔃 🔃	Physician Signature  'es If yes, please identify th	ie language:	Telephone number	n:				
ooking this appointment.			ax number:					
VICTORIA (7 LOCATIONS)  X-RAY • ULTRASOUND • MAMMOGRAPHY  offered at: Unit #301 Phone: 250-598-0193 1990 Fort Street Fax: 250-412-2005  SCREENING MAMMOGRAPHY offered at: Unit #305 Phone: 250-952-4232 1990 Fort Street Fax: 250-952-4411  MRI (private pay) & X-RAY offered at: Unit #243 - Uptown Mall Phone: 250-595-2401		ABDOMEN:  AM: Nothing to eat or drink 12 hours prior to examination. (any appts booked to 8am and 12 noon)  PM: Nothing to eat or drink 4 hours prior to examination. No fat or dairy on day exam. (any appts booked between 12:05pm and end of day)  Children age 11 and under: If fasting is required, do so only for 3 hours prior to ultil					iry on day o	
		RENAL (ONLY): No preparat		No preparation.	on.			
		RENAL / BLADDER:		11yrs and older: Drink 16 fl.oz. (2 cups) of water. finish one (1) hour prior to the examination. Do not void, a full bladder is required.  Children age 4-10 yrs old: Drink 8 fl.oz. (1 cup) of water, finish one (1) hour prior to the examination. Do not void, a full bladder is required.				
3561 Blanshard Street Fax: 250-595-2408  X-ray by appointment only		PELVIC:		Drink 32oz (4 cups) of fluid 1.5 hours before examination.  DO NOT EMPTY BLADDER.  Drinking must be finished 1 hour prior to appointment time.				
X-RAY SERVICES  offered at:  Unit #203 1120 Yates Street Phone: 250-386-8305 Fax: 250-386-7788 Fast Track X-ray by App. Immigration X-Ray Unit #210 1641 Hillside Avenue Phone: 250-598-1991 Fax: 250-598-8663 Fast Track X-ray by App. Immigration X-Ray Init #102 582 Goldstream Avenue Phone: 250-478-9950 Free Parking Unit #3 101 Burnside Rd. West Phone: 250-475-2502 Fax: 250-475-2502 Fax: 250-475-2502 Fax: 250-475-2502 Fax: 250-642-4042		OBSTETRICAL ULTRASOUND:		(Under 14 weeks) Drink 24oz (3 cups) of fluid 1.5 hours before examination. (Over 14 weeks) Drink 16oz (2 cups) of fluid 1.5 hours before examination.(Over or Under 14 weeks) <b>DO NOT EMPTY BLADDE Drinking must be finished 1 hour prior to appointment time.</b>				
		**DIABETIC PATIENTS:		For ultrasound when fasting is required, take your insulin as usual and use a lactose free protein supplement to maintain calories (preferably Glucerna, Ensure or Boost).				
		MAMMOGRAPHY:		Please do not wear talcum powder, deodorant or perfumes.				
		FOR ALL EXAMINATIONS:		Discuss your medications and medical condition with your Doctor before beginning the preparations. For your convenience, two-piece, loose fitting garments are preferred.				

www.west coast medical imaging.com

24-hour notice required to cancel appointment or \$75 charge will be billed to patient.