



REQUISITION EXAMINATION FORM

TO BOOK AN APPOINTMENT

Call clinic of your choice listed on the back of this form
 Online: www.westcoastmedicalimaging.com/appointment
604-985-WCMI (9264)
 Physician Fax Line: **1-844-272-4565**

PATIENT INFORMATION

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

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

Health Card Number _____

INSURANCE	APPOINTMENT INFO	PATIENT INSTRUCTIONS
<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: _____	<ul style="list-style-type: none"> • Please bring this form and Health Card for every visit. • Arrive 15 minutes prior to appointment and give 24 hours notice if unable to attend. • If you are late for this appointment, you may have to reschedule. • Please notify reception if you are diabetic. • Walk in X-Ray, please arrive at least thirty minutes prior to closing. • Children may not accompany you during your exam. Please arrange proper child care. • During pandemic times, only patients with an appointment will be invited to enter the clinic, including reception areas and examination room for an obstetrical exam, and must wear at 3-ply disposable medical mask.

X-RAY (No Appointment)	ULTRASOUND (By Appointment Only)
Examination requested: _____	Examination requested: _____

HYSTEROSALPINGOGRAM (By Appointment at West 8th Location Only)

What was the first day of your period? (First day of full flow). Month ____ Day ____ Year ____	A confidential Pre-exam Questionnaire must be completed and received in our clinic, prior to proceeding with the HSG exam. This form may be faxed to us or presented to us by the patient on the day of the procedure. If you do not have this form, please contact us.	INSTRUCTIONS: • Abstain from sexual intercourse from the first day of menstrual period until the examination has been completed.
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PHYSICIAN INFORMATION

Name of Referring Physician _____	MM/DD/YYYY _____	REFERRING PHYSICIAN OFFICE STAMP
Practitioner Number _____	Physician Signature _____	
Copy to: _____		

PERTINENT CLINICAL INFORMATION - For timely interpretation of this examination, please specify additional information including:

Diabetic
 Known/suspected communicable disease
 Other (please specify): _____

Urgent **Verbal**

VANCOUVER

Unit #6 - 5337 West Blvd. (Kerrisdale)
Phone: 604-325-3244
Fax: 604-325-0136

X-Ray, Ultrasound

Next to White Spot

Fast-Track X-ray by Appt

VANCOUVER

Unit #430 - 1669 East Broadway
Phone: 604-873-1846
Fax: 604-873-6318

X-Ray, Ultrasound, Mammography

Close to Commercial Dr.
Skytrain Station

Fast-Track X-ray by Appt

SURREY

Unit #001 - 13737 96 Ave
Phone: 604-581-4616
Fax: 604-582-9022

X-Ray

Across from Surrey Memorial
Free Patient underground Parking
at Stalls #380, #381, #382, #383

Fast-Track X-ray by Appt

VANCOUVER

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

X-Ray

COQUITLAM

Unit #101 - 1015 Austin Avenue
Phone: 604-937-5588
Fax: 604-936-8800

X-Ray, Ultrasound

Across from Rona
Free Parking

SURREY

Unit #3 - 15300, 105th Avenue
Phone: 604-581-1101
Fax: 604-582-8520

X-Ray, Ultrasound, Fluoroscopy

Near Guildford Shopping Centre

VANCOUVER

Unit #270 - 1144 Burrard St.
Phone: 604-689-8925
Fax: 604-689-3364

X-Ray

Across from St. Paul's Hospital

NEW WESTMINSTER

Royal City Centre
Unit #200 - 610 6th Street
Phone: 604-522-6818
Fax: 604-522-6810

X-Ray, Ultrasound

Free Parking

Fast-Track X-ray by Appt

SURREY

Unit #105 - 8318, 120th Street
Phone: 604-590-2211
Fax: 604-581-0405

X-Ray, Ultrasound, Mammography

Free parking at rear of building

VANCOUVER

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

X-Ray, Hysterosalpingogram

NEW WESTMINSTER

Unit #401-233 Nelson's Crescent
Phone: 604-526-2466
Fax: 604-521-5904

X-Ray

Near Royal Columbian Hospital

Fast-Track X-ray by Appt

BURNABY

Suite 306 - 4180 Lougheed Highway
Phone: 778-309-1559
Fax: 604-629-0124

X-Ray

PLEASE BRING THIS FORM AND YOUR HEALTH CARD FOR EVERY VISIT

	ABDOMINAL ONLY	RENAL ONLY	PELVIC, OBSTETRIC, BLADDER	ABDOMINAL & PELVIC COMBINATION	ALL OTHER EXAMS
ENGLISH	Fast 12 hours prior to exam Fat free dinner day before No dairy, meat, eggs or fried food day before	Drink 2 glasses (16 oz) water 2 hours prior to exam. Do not empty bladder until after exam	Drink 4 glasses (32 oz) water 2 hours prior to exam. Do not empty bladder until after exam	Follow instructions for BOTH the ABDOMINAL AND PELVIC exams	Preparation not required
FRENCH	Examen abdominal uniquement À jeun 12 heures avant l'examen. Repas sans gras la veille. Pas de produits laitiers, de viande, d'œufs ou de friture la veille.	Examen rénal uniquement Boire deux verres (16 oz) d'eau deux heures avant l'examen. Attendre après l'examen pour se vider la vessie.	Examen pelvien, obstétrique, vessie Boire quatre verres (32 oz) d'eau deux heures avant l'examen. Attendre après l'examen pour se vider la vessie.	Combinaison examen abdominal et examen pelvien Suivre les directives pour les examens abdominaux et pelviens.	Tous les autres types d'examens Aucune préparation nécessaire.
MANDARIN	只做腹部检查 检查前禁食 12 小时 前一天晚餐无脂肪 前一天不可进食奶制品、 肉类、鸡蛋或油炸食物	只做肾脏检查 检查前两小时 饮水 2 杯 (16 盎司)。 检查之前不要排尿	盆腔、产科、膀胱检查 检查前两小时 饮水 4 杯 (32 盎司)。 检查之前不要排尿	腹部和盆腔合并检查 按照腹部和盆腔 两项检查的说明	所有其他检查 无需准备
PUNJABI	ਸਿਰਫ ਢਿੱਡ ਟੈਸਟ ਤੋਂ 12 ਘੰਟੇ ਪਹਿਲਾਂ ਵਰਤ ਰੱਖੋ ਇਕ ਦਿਨ ਪਹਿਲਾਂ ਫੈਟ ਤੋਂ ਬਿਨਾਂ ਰਾਤ ਦਾ ਖਾਣਾ ਇਕ ਦਿਨ ਪਹਿਲਾਂ ਦੁੱਧ, ਮੀਟ, ਅੰਡੇ ਜਾਂ ਤਲੀਆਂ ਚੀਜ਼ਾਂ ਨਹੀਂ	ਸਿਰਫ ਗੁਰਦਾ ਟੈਸਟ ਤੋਂ 2 ਘੰਟੇ ਪਹਿਲਾਂ 2 ਗਲਾਸ (16 ਔਂਸ) ਪਾਣੀ ਪੀਉ। ਟੈਸਟ ਹੋਣ ਤੱਕ ਪਿਸ਼ਾਬ ਨਾ ਕਰੋ।	ਪੈਲਵਿਕ, ਜਣੇਪਾ, ਬਲੈਡਰ ਟੈਸਟ ਤੋਂ 2 ਘੰਟੇ ਪਹਿਲਾਂ 4 ਗਲਾਸ (32 ਔਂਸ) ਪਾਣੀ ਪੀਉ। ਟੈਸਟ ਹੋਣ ਤੱਕ ਪਿਸ਼ਾਬ ਨਾ ਕਰੋ।	ਢਿੱਡ ਅਤੇ ਪੈਲਵਿਕ ਇਕੱਠੇ ਢਿੱਡ ਅਤੇ ਪੈਲਵਿਕ ਦੇ ਟੈਸਟਾਂ ਦੋਨਾਂ ਲਈ ਹਿਦਾਇਤਾਂ ਦੀ ਪਾਲਣਾ ਕਰੋ	ਬਾਕੀ ਸਾਰੇ ਟੈਸਟ ਕਿਸੇ ਤਿਆਰੀ ਦੀ ਲੋੜ ਨਹੀਂ ਹੈ
CANTONESE	只做腹部检查 检查前禁食 12 小时 前一天吃无脂肪的晚餐 前一天不可吃乳製品、 肉類、雞蛋或油炸食物	只做腎臟检查 检查前两小时 飲 2 杯水 (16 安士)。 直到检查後才可排尿	盆腔、產科、膀胱检查 检查前两小时 飲 4 杯水 (32 安士)。 直到检查後才可排尿	腹部和盆腔合併检查 依照腹部和盆腔 兩項检查的說明	所有其他检查 無需準備
FARSI	فقط ناحیه شکم از ۱۲ ساعت قبل از آزمایش چیزی نخورید روز قبل شام بدون چربی بخورید از روز قبل لبنیات، گوشت قرمز، تخم مرغ یا غذای سرخ شده نخورید	فقط کلیه ۲ ساعت قبل از آزمایش ۲ لیوان (۱۶ اونس) آب بنوشید. مثانه خود را تا پس از آزمایش خالی نکنید.	لگن، اندامهای مربوط به زایمان، مثانه ۲ ساعت قبل از آزمایش ۴ لیوان (۳۲ اونس) آب بنوشید. مثانه خود را تا پس از آزمایش خالی نکنید.	ناحیهی شکم و لگن با هم از دستورهایی داده شده برای هر دو ناحیهی شکم و لگن پیروی کنید.	تمام آزمایش‌های دیگر نیاز به آمادگی قبلی ندارد
TAGALOG	MGA MAY KAUGNAYAN SA TIYAN LAMANG Huwag kumain 12 oras bago ang pagsusuri. Huwag kumain ng anumang may taba sa hapunan bago ang pagsusuri. Huwag kumain ng mga produktong mula sa gatas, karné, itlog o pinirrito isang araw bago ang pagsusuri.	MGA MAY KAUGNAYAN SA BATÓ LAMANG Uminom ng 2 basong (16 oz) tubig 2 oras bago ang pagsusuri. Huwag umihi hanggang hindi natatapos ang pagsusuri.	BALAKANG (PELVIC), NAUUKOL SA PAGPAPAANAK (OBSTETRIC), at PANTOG Uminom ng 4 na basong (32 oz) tubig 2 oras bago ang pagsusuri. Huwag umihi hanggang hindi natatapos ang pagsusuri.	KOMBINASYON NG TIYAN at BALAKANG Sundin ang mga tagubilin KAPWA para sa pagsusuri ng TIYAN at BALAKANG	IBA PANG MGA PAGSUSURI Hindi kinakailangan ng preparasyon
KOREAN	복부만 검사 검사 전 12시간 음식 전날 무지방 저녁 식사 전날 유제품, 육류, 달걀 또는 튀긴 음식 금지	신장만 검사 검사 2시간 전에 물 2잔(16온스) 섭취. 검사 끝날 때까지 소변 금지	골반, 산과, 방광 검사 검사 2시간 전에 물 4잔(32온스) 섭취. 검사 끝날 때까지 소변 금지	복부 및 골반 복합 검사 복부 및 골반 검사에 대한 지시 사항을 둘 다 준수해야 함	기타 모든 검사 준비 필요 없음