

PATIENT AND APPOINTMENT INFORMATION

Alberta ULI: _____

DOB (dd/mm/yyyy):

Name (first, last):

Pronouns:

Phone:

Address:

Email:

City/Province:

Postal Code:

REFERRING PROVIDER

Ref. Provider Name:

PRAC ID:

Direct Phone:

Clinic Address:

Email:

Fax:

CLINICAL HISTORY

If the request is a follow up regarding a prior ultrasound, please kindly include the details of where and when the prior exam was done.

☐ Prior imaging

Prior imaging location and date: _____

GENERAL ULTRASOUND

☐ Abdomen

☐ Female Pelvis

☐ Male Pelvis

☐ KUB (kidneys and bladder only)

☐ Thyroid

☐ Neck / Salivary Glands

☐ Scrotum

☐ Hernia - Inguinal

☐ Right ☐ Left ☐ Bilateral

☐ Hernia - Abdominal/Other

Specify _____

☐ Lump/Other: (specify area, right, left, bilateral)

Specify _____

VASCULAR ULTRASOUND

Venous DVT study

☐ Leg

☐ Right ☐ Left ☐ Bilateral

☐ Arm

☐ Right ☐ Left ☐ Bilateral

Arterial Duplex Study

☐ Legs (always bilateral)

☐ Arms (always bilateral)

☐ Carotid (always bilateral)

Date of Requisition:

Cc report to:

☐ STAT FAX REPORT

Fax # _____

Signature

WHAT TO KNOW BEFORE YOUR APPOINTMENT

- There is free patient parking onsite for your convenience.
- Please arrive 15 minutes prior to your exam time.
- Please bring your Healthcare card and a piece of identification with this form.
- Please be informed that guests are not permitted in the ultrasound room during the examination unless their presence is medically necessary (such as for mobility assistance or translation purposes).
- We reserve the right to shorten or deny the examination for instances of late arrival to the appointment, concerns related to child supervision, or any behavior deemed inappropriate or disrespectful towards staff or other patients.
- If you have any questions or need to cancel or change your appointment, please contact us at 780-540-9940. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be **charged a \$75.00 fee**.
- Please be advised that we maintain a scent-free environment at our clinic. Please refrain from wearing cologne or perfume.

PATIENT INFORMATION AND EXAM PREPARATION

ABDOMEN:

Refrain from consuming any food or beverages, except for water, for 10 hours prior to the examination. This restriction includes gum, candy, and smoking. You may take any necessary medication as needed.

KUB/ PELVIS:

Continue your regular routine regarding meals, hydration, and medications. Empty your bladder. Then drink 4 glasses of water (1 litre). Finish drinking water one (1) hour before exam. Do not empty your bladder again prior to exam.

ABDOMEN + PELVIS:

Refrain from consuming any food or beverages, except for water, for 10 hours prior to the examination. This restriction includes gum, candy, and smoking. You may take any necessary medication as needed. Then, 1 hour prior to your appointment, empty your bladder. Drink 4 glasses of water (1 litre). Finish drinking water 1 hour before exam. Do not empty your bladder again prior to exam.

EXAMS NOT LISTED ABOVE:

No preparation is required.



Phone

780-540-9940

Fax

780-540-9939

Email

info@milestonesdiagnostics.ca

SMS only

825-522-0188

Website

milestonesdiagnostics.ca

Location

16508 118 Avenue NW
Edmonton Alberta, T5V1C8

Free parking on site

If you have any questions about your exam, exam preparation, or need to change your appointment, please contact: Central Booking at 780-540-9940.

If you are unable to keep your appointment, call to cancel it. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be **charged a \$75.00 fee**.