

X-RAY REQUISITION
Booking: 403-726-9729 www.MyPureform.com Fax: 403-726-9883

# PATIENT & APPOINTMENT INFORMATION

Phone:

☐ Send images with patient (CD copy)

Fax:

Copy to fax:

Date of Request: D / M / Y

| PLACE PATIENT LABEL HERE Name:  | AHC/WCB #:   |   |                         | Pregnant? Y / N  |                                   |
|---|--|---|-------------------------|--|-----------------------------------|
| Address:  |  | City:   |                         | Province:  | Postal Code:                      |
| ☐ Female ☐ Male ☐ Undisclosed ☐ Date of Birth: ☐  | D / M / Y Phone: _                                     |   | Other                   | Phone:   | LMP:                              |
| PATIENT HISTORY  Stat Fax Stat Phone: (Direct line/cell phone please)  X-Ray Exams   Walk in only  Please pro | vide as much detail as possible to allow               | v us to provide the best care                       | e for the patient. Tl   | hank you.  |                                   |
| Chiroproetic Vious  | Head & Neck  | Upper Extremetie                                    | 2S                      | Musculoskol  | etal Illtracound                  |
| Chiropractic Views pine images done weightbearing unless otherwise requested                                  | Skull Facial Bones                                     | ☐ Shoulder  | □ R □ L □ R □ L         | Musculoskeletal Ultrasound  X-ray included if recent trauma or no x-ray within 6 months  (Appointment Required)   Opt-Out of X-Ray |                                   |
| :-Spine   | Orbits   | _   |                         | Full Study   | Targeted Study                    |
| ☐ AP/LAT/Odontoid   | ☐ Sinuses  |   |                         | ☐ Shoulder   |                                   |
| With Obliques   | ☐ Nasal Bones  |   | $\square$ R $\square$ L | ☐ Elbow  | R L Medial Epicondylitis          |
| With Flexion/Extension  | ☐ Mandible   |   | $\square$ R $\square$ L | LIDOW  | Lateral Epicondylitis             |
| Other:  | ☐ T.M Joints   |   | $\square$ R $\square$ L | ☐ Hand/Finger  | □R□L                              |
|   |  | <ul><li>☐ Hand</li><li>☐ Hand &amp; Wrist</li></ul> |                         | ☐ Wrist  | R L Carpal Tunnel                 |
| □ T-Spine   | ☐ Adenoids   |   |                         | ☐ Hip  | ☐ R ☐ L ☐ Trochanter/Gluteal Pair |
| -S Spine  |  |   |                         | ☐ Knee   | ☐ R ☐ L ☐ Baker's Cyst/Effusion   |
| AP/Lat/L5-S1 Spot   | Spine & Pelvis   |   | $\square$ R $\square$ L | ☐ Ankle  | R L Achilles Tendon               |
| With Obliques   | ☐ Cervical Spine                                       |   |                         | ☐ Foot or Toe  | R L Plantar Fascia                |
| Other:  | ☐ Thoracic Spine                                       | Lower Extremetie                                    | es                      | , ,  | □R□L                              |
| Lumbopelvic AP + Lateral L-S Spine  | <ul><li>☐ Lumbosacral Spine</li><li>☐ Sacrum</li></ul> | •   | $\square$ R $\square$ L | •  | n:                                |
| With Obliques   |  |   | $\square$ R $\square$ L |  |                                   |
| Scoliosis (AP T-L spine views)  | ☐ S.L Joints   |   | $\square$ R $\square$ L | omer:  |                                   |
| SI Joints (AP and obliques not weightbearing)   | ☐ Pelvis   | Knees Bilateral<br>(weight bearing)                 |                         |  |                                   |
| Pelvis  | ☐ Pelvis & Hips  | ☐ Patella   | $\square$ R $\square$ L |  |                                   |
| ☐ Pelvis and Bilateral Hips   | Pelvis & S.I Joints                                    |   | $\square$ R $\square$ L |  |                                   |
| ☐ Hip ☐ R ☐ L   | ☐ Pelvis & Hip ☐ R ☐ I                                 |   | $\square$ R $\square$ L |  |                                   |
|   | Caslingia Corina                                       |   | □R□L                    |  |                                   |
| Other X-ray/Specific Views:   | ☐ Scoliosis Series                                     |   | $\square$ R $\square$ L | Pain Mana  | agement Injections                |
|   | Chest  | ☐ Toe(s):   |                         |  | to our Pain Management            |
|   | ☐ Chest PA & Lateral                                   | ☐ Full Leg Length Pelvis to Ankle                   |                         |  | : MyPureform.com                  |
|   | ☐ Sternum  |   | :5                      | requisition at   | Myr dreform.com                   |
| offering stitching software that enables imaging of the spine   | ☐ Sternoclavicular Joints                              | Abdomen   |                         |  |                                   |
| nd total views from hip to ankle to help diagnose scoliosis   |  | ☐ K.U.B   |                         |  |                                   |
| nd leg length discrepancy.  | ☐ Skeletal Survey                                      | ☐ Acute (3 Views) ☐ Supine                          |                         |  |                                   |
| Available at South Trail and Crowfoot   | •  | зорше   |                         | Diagon Liet ALL  | Applicable Information Delays     |
| REFERRING PRACTITIONER INFORMATION  |  | Depatition of 10                                    | /Ctoms                  | Please List ALL  | Applicable Information Below      |
| Referring Physician:  |  | Practitioner's ID,                                  | /stamp:                 |  |                                   |
| Clinic:   |  |   |                         |  |                                   |

Signature: \_

# **General Patient Instructions**

- 1) X-Rays are provided on a walk in basis. No Appointment necessary. Please note there may be longer wait times from 11:45-12:30
- 2) Please bring your Alberta Health Card along with your requisition form to your appointment.
- 3) Please bring an adult to supervise your children.
- 4) Please avoid the use of fragrances as other patients may be sensitive.
- 5) MSK Ultrasound and Pain Management require a booked appointment, please call (403) 726-9729
- 6) Please note you may have to change into a gown for your exam.
- 7) To respect the time of patients and our staff, we may have to cut off x-rays at the end of the day. We apologize in advance if we are unable to accommodate because we have patients already checked-in that we need complete before we close. Thank you for your understanding

### **CALGARY SOUTHEAST** South Trail Location



519 - 4916 130 Avenue SE T2Z 0G4

#### CALGARY CENTRAL Macleod Location



## 200 - 3916 Macleod Trail SE T2G 2R5

## **AIRDRIE** Across from Royal Bank



20 - 105 Main Street N T4B 0R3

### **CALGARY NORTHWEST** Crowfoot Location



350 - 600 Crowfoot Cres NW T3G 0B4