SUNRIDGE DIAGNOSTIC IMAGING

DR. WALTERS • DR. STAMM • DR. KHARAY

SDIultrasound.com

CENTRAL BOOKING: 403.568.7676
FAX: 403.568.7677
EMAIL: FrontDesk@SDIultrasound.com
SUNRIDGE: 2121 - 36 ST. NE • CALGARY, AB
EAST HILLS: 531 - 409 E HILLS BLVD. SE • CALGARY, AB

GENERAL & PAIN MANAGEMENT REQUISITION • URGENT BOOKINGS AVAILABLE

PATIENT INFORMATION:

*Please refer to the back of this document for patient instructions and additional information.

Name: _____ ☐ Male ☐ Female ☐ Other Phone: _____

Address: _____ Date of Birth: _____

City: _____ Province: _____ Postal Code: _____ AHC: _____

Date of Requisition: _____ **Appointment Date/Time:** _____ WCB: _____

HISTORY/DIAGNOSIS/SPECIAL REQUESTS:

☐ **STAT REPORT** **Phone:** _____ **Fax:** _____

X-RAY:

☐ Specify Area: _____

ULTRASOUND:

GENERAL

- ☐ Abdomen
- ☐ Appendix/Bowel
- ☐ Liver/Elastography
- ☐ HCC Screening
- ☐ Pelvis Female +/- EV (includes kidneys)
- ☐ Pelvis Male (includes kidneys)
- ☐ Kidneys/Ureters/Bladder (KUB)
- ☐ Abdominal Wall ☐ R ☐ L
- ☐ Groin (pain/lump/hernia) ☐ R ☐ L
- ☐ Scrotal/Testes
- ☐ Thyroid (includes lymph nodes)
- ☐ Neck/Head (nodes/mass/salivary)
- ☐ Breast (includes axilla) ☐ R ☐ L
- ☐ Axilla ☐ R ☐ L
- ☐ Chest Wall ☐ R ☐ L
- ☐ Other: _____

PREGNANCY

- ☐ Dating/Viability/Ectopic
- ☐ Detailed Fetal Anatomy (18-20 weeks)
- ☐ BPP (28+ weeks)
- ☐ General Fetal Well-Being (13+ weeks)
- ☐ High Risk Fetal Assess. (incl. cord doppler)

VASCULAR

- ☐ Leg Veins ☐ R ☐ L
  - ☐ DVT
  - ☐ Insufficiency
- ☐ Leg Arteries (includes ABI/TBI) ☐ R ☐ L
- ☐ Arm Veins ☐ R ☐ L
- ☐ Arm Arteries ☐ R ☐ L
- ☐ IVC/Iliac Veins ☐ R ☐ L
- ☐ Aorta/Iliac Arteries ☐ R ☐ L
- ☐ Renal Arteries
- ☐ Carotid Arteries
- ☐ Thoracic Outlet Impingement ☐ R ☐ L
- ☐ Graft Assessment (specify in history)

MSK (Includes preliminary X-ray if required)

- ☐ Shoulder ☐ R ☐ L
  - ☐ + Arthrogram ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand Finger: _____ ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot Toe: _____ ☐ R ☐ L
- ☐ Other: _____

REFERRING PRACTITIONER (REQUIRED):

Name: _____ Prac ID: _____

Clinic/Address: _____

Phone: _____ Fax: _____

Copy to: _____ Fax: _____

FOR OFFICE USE ONLY: ☐ **SDI Previous** ☐ **O/S Previous**

PAIN MANAGEMENT

*Learn more about Pain Management please visit: www.SDIultrasound.com

☐ **FURTHER ASSESS & TREAT** ☐ **REPEATS:** _____

INJECTABLE THERAPY CHOICES

☐ Steroid ☐ Hyaluronic Acid ☐ PRP ☐ Other: _____

MSK PROCEDURES (Includes preliminary X-ray if required)

- ☐ Shoulder ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand Finger: _____ ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Achilles/Retrocalc Bursa ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot Toe: _____ ☐ R ☐ L
- ☐ Morton's Neuroma
  - ☐ Steroid ☐ Alcohol ☐ R ☐ L
- ☐ Other: _____

SPINAL PROCEDURES

LUMBAR

- ☐ Facet Joint L1/L2 ☐ R ☐ L
- ☐ Medial Branch Block (MBB) L2/L3 ☐ R ☐ L
- ☐ Epidural Steroid Injection L3/L4 ☐ R ☐ L
  L4/L5 ☐ R ☐ L
  L5/SI ☐ R ☐ L
- ☐ Nerve Root Block ☐ R ☐ L Level(s): _____
- ☐ Sacroiliac Joint
  - ☐ Injection ☐ MBB ☐ R ☐ L

THORACIC ☐ Facet Joint ☐ R ☐ L Level(s): _____

CERVICAL

- ☐ Facet Joint C2/C3 ☐ R ☐ L
- ☐ Epidural Steroid Injection C3/C4 ☐ R ☐ L
  C4/C5 ☐ R ☐ L
  C5/C6 ☐ R ☐ L
  C6/C7 ☐ R ☐ L

HEADACHE PROCEDURES

- ☐ Botox for Chronic Migraine
- ☐ TMJ Botox ☐ TMJ Joint Injection ☐ R ☐ L
- ☐ Greater & Lesser Occipital Nerves ☐ R ☐ L
- ☐ 3rd Occipital Nerve ☐ R ☐ L

MAY • 2025

SUNRIDGE DIAGNOSTIC IMAGING
DR. WALTERS • DR. STAMM • DR. KHARAY

SDIultrasound.com

CENTRAL BOOKING: 403.568.7676
FAX: 403.568.7677
EMAIL: FrontDesk@SDIultrasound.com
SUNRIDGE: 2121 - 36 ST. NE • CALGARY, AB
EAST HILLS: 531 - 409 E HILLS BLVD. SE • CALGARY, AB

PATIENT INSTRUCTIONS

- **Please bring this document with you to the exam.**
- **Please bring your valid Health Care Card and valid photo ID.**
- **Please arrive earlier than your scheduled exam time.**
- **Please do not bring children requiring supervision to the exam.**
- **For cancellations or to rebook, please call our office: 403.568.7676.**
- **You may be rebooked if preparation procedures below are not followed.**
- **All exams and procedures listed on this requisition form must be ordered by a qualified referring physician or practitioner.**

EXAM PREPARATION:

Abdomen Ultrasound:
- Do not eat, drink, smoke, or chew gum for 8 hours before your appt.
- If needed, take medication with a small amount of water only.

Pelvic, or Pregnancy (less than 25 weeks) Ultrasound:
- Empty your bladder 1.5 hours before your exam.
- Drink 4 glasses of water or juice after emptying your bladder, finishing 1 hour before your exam.
- Eat normally before the exam.
- Do not empty your bladder until after the exam.

Pregnancy (greater than 25 weeks) /Biophysical Profile Ultrasound:
- Empty your bladder 1.5 hours before your exam.
- Drink 2 glasses of water or juice after emptying your bladder, finishing 1 hour before your exam.
- Eat normally before the exam.
- Do not empty your bladder until after the exam.
- If you're over 34 weeks pregnant, a full bladder isn't necessary.

Combination Abdomen and Pelvis Ultrasound:
- Do not eat, drink, smoke, or chew gum for 8 hours before your appt.
- Empty your bladder 1.5 hours before your exam.
- Drink 4 glasses of water after emptying your bladder, finishing
- 1 hour before your exam.
- Do not empty your bladder until after the exam.

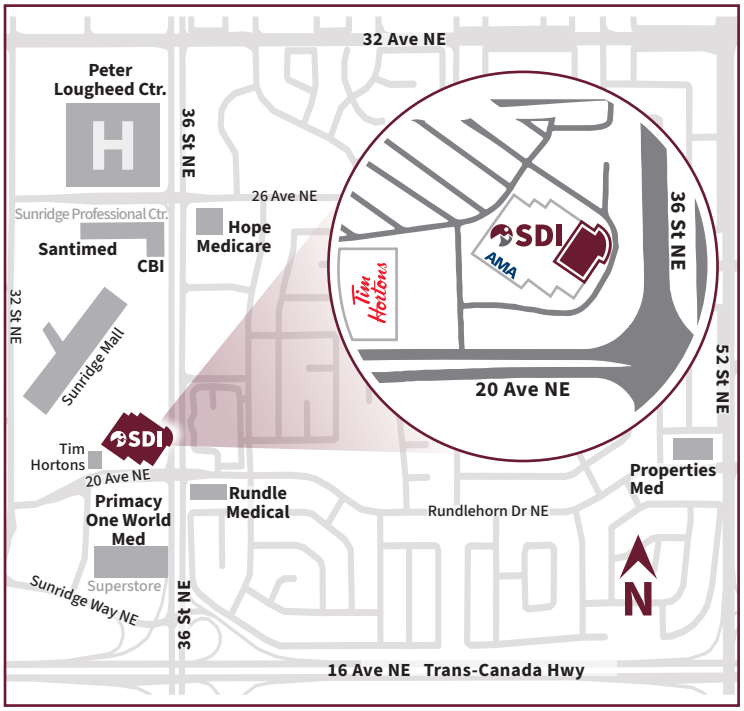
Kidneys and Bladder Ultrasound:
- Empty your bladder 1.5 hours before your exam.
- Drink 4 glasses of water or juice after emptying your bladder, finishing 1 hour before your exam.
- Do not empty your bladder until after the exam.

Pain Management:
- For any cervical procedures, nerve root blocks, or epidurals, it is mandatory to arrange transportation to and from your appointment.
- It is essential that you inform us of any blood thinner medications you are currently using at the time you book your appointment.
- If feasible, please avoid taking additional pain medications on the day of your examination, as this enables us to more accurately evaluate your response to the treatment we provide.

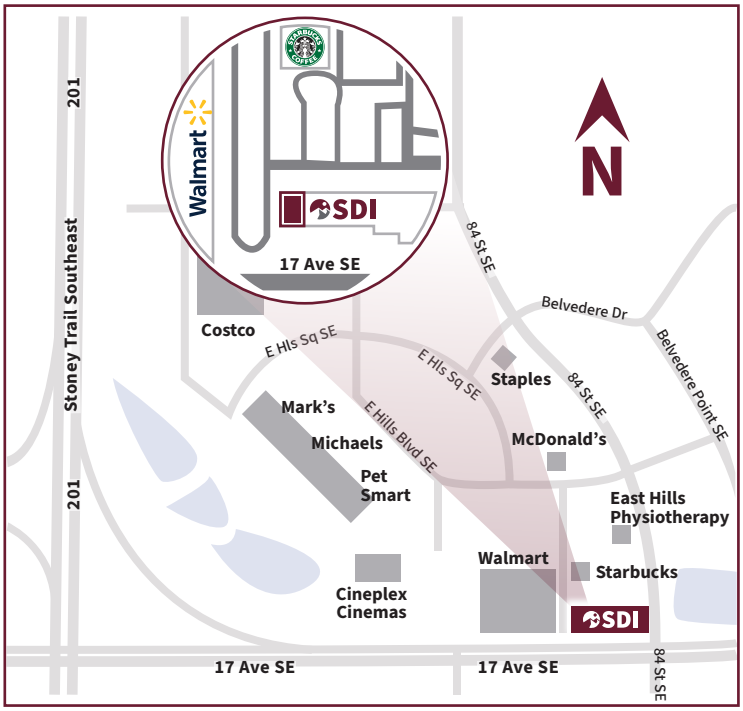
*Learn more about our Pain Management at www.SDIultrasound.com

BOTH OUR LOCATIONS OFFER FREE PARKING AND CAN BE BOOKED AT 403.568.7676.

SUNRIDGE • 2121 - 36 ST. NE



EAST HILLS: 531 - 409 E HILLS BLVD. SE



MAY • 2025