

# REQUISITION

**P**ease  
**D**iagnostic  
**I**maging

Suite 108, 9815 - 97th Street  
Grande Prairie, Alberta. T8V 8B9

PH: 780-532-5648 FAX: 780-513-2074

**CLINIC HOURS: 7:30AM TO 5:00 PM**

<b>ORDER DATE:</b>	<b>APPOINTMENT DATE AND TIME:</b>			
<b>PATIENT NAME &amp; ADDRESS:</b>	<b>ORDERING DOCTOR:</b>			
	NAME :			
	Address:			
	City:			
<b>PATIENT PHONE NUMBER:</b>	Phone Number:			
	Fax Number:			
	Provider ID:		Department ID:	
<b>PATIENT DOB: (DAY/MONTH/YEAR)</b>	Locum	Yes	No	
	Name or Provider # required if Yes to Locum			
<b>HEALTH CARE #:</b>	Name:			
	Provider ID:			
<b>L.M.P. :</b>	<b>COPIES TO:</b>			
<b>GENDER:</b>	FEMALE	MALE	OTHER	STAT

**REASON FOR EXAM:**

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**EXAM REQUESTED :**

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**Please be sure to bring your Health Care Card to your appointment**

## SCREENING AND DIAGNOSTIC SERVICES PROVIDED

<b>ULTRASOUND</b> U/S LIVER ELASTOGRAPHY	<b>MAMMOGRAPHY - DIGITAL BREAST TOMOSYNTHESIS (DBT)</b>
<b>BONE MINERAL DENSITOMETRY (BMD)</b>	<b>ABUS - AUTOMATED BREAST ULTRASOUND</b> <small>*Indicated for women with dense breast tissue</small>
<b>GENERAL X-RAY (WALK-IN) - FLUOROSCOPY (GI STUDIES) - PAIN MANAGEMENT - SEE PAIN REQUISITION</b>	