

PATIENT INFORMATION

REFERRING PHYSICIAN

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ Province: _____ Phone: _____
 Postal Code: _____ Phone: _____ Provider ID: _____
 Date of Birth: _____ Locum Yes: **Name or provider # required**
 AHC/ULI: _____ Name / Provider ID: _____

HISTORY/REASON FOR EXAM

STAT REPORT

XRAY

WALK-IN: MON-FRI 7:30 AM - 4:00 PM

L.M.P.: _____ MM / DD / YYYY

ULTRASOUND

- | | | | |
|---------------------------------------|---------------------------------------|---|--|
| GENERAL | SMALL PARTS | OBSTETRICS | VASCULAR |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Mass | <input type="checkbox"/> Series (early, anatomy, BPP) | <input type="checkbox"/> Echocardiogram |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Neck | <input type="checkbox"/> Routine Pregnancy | <input type="checkbox"/> Carotid |
| <input type="checkbox"/> Renal | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Twins | <input type="checkbox"/> Peripheral Arterial |
| <input type="checkbox"/> Elastography | <input type="checkbox"/> Scrotum | | <input type="checkbox"/> Peripheral Venous (for DVT) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |

MUSCULOSKELETAL

- | | | | |
|--|---|---------------------------------|---|
| L R | L R | L R | L R |
| <input type="checkbox"/> Hip Joint | <input type="checkbox"/> Ankle | <input type="checkbox"/> Elbow | <input type="checkbox"/> Other Muscle Areas |
| <input type="checkbox"/> Hamstring | <input type="checkbox"/> Foot | <input type="checkbox"/> Wrist | _____ |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Planter Fascia | <input type="checkbox"/> Hand | _____ |
| <input type="checkbox"/> Achilles Tendon | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Hips for Dysplasia |

HOURS OF OPERATION

GRANDE PRAIRIE

Monday – Friday: 7:30 am – 4:00 pm
 T: 780.532.5648 • F: 780.513.2074
 receptiongp@pdigp.com

#108, 9815 97 Street, Grande Prairie, AB T8V 8B9

PEACE RIVER

Monday – Friday: 8:00 am – 4:30 pm
 T: 780.624.0073 • F: 780.624.0718
 receptionpr@pdigp.com

6789 103 Avenue, Peace River, AB T8S 0B6

LA CRETE

Monday – Friday: 7:30 am – 4:00 pm
 T: 780.928.2060 • F: 780.928.2285
 receptionlc@pdigp.com

Unit 1A 10402 100 Street, La Crete, AB T0H 2H0

HIGH PRAIRIE

Monday – Friday: 8:45 am – 5:15 pm
 T: 780.532.2740 • F: 780.532.3861
 receptionhp@pdigp.com

5101 38 Street, High Prairie, AB T0G 1E0

FAIRVIEW

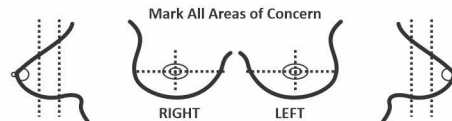
Monday – Thursday: 9:00 am – 4:00 pm
 T: 844.835.0192 • F: 587.404.0507
 receptionfv@pdigp.com

10208 110 Street, Fairview, AB T0H 1L0

BREAST IMAGING

BY APPOINTMENT

- Complete Breast Assessment: Includes screening mammography tomosynthesis, bilateral breast u/s (if required) and ABUS (if indicated by density)
- Routine Mammography Screening - TOMOSYNTHESIS
- Breast Ultrasound L R
- Automated Breast Ultrasound (ABUS)



BMD

BY APPOINTMENT

FLUOROSCOPY

BY APPOINTMENT

- UGI Series
- UGI & Small Bowel Follow Through