



REQUISITION EXAMINATION FORM

TO BOOK AN APPOINTMENT

Call clinic of your choice listed on the back of this form
 Online: www.westcoastmedicalimaging.com/appointment

604-985-WCMI (9264)

Physician Fax Line: 1-844-272-4565

PATIENT INFORMATION

ALEKSENKO	Michael	M	25-Apr-1959
Patient's Last Name	First Name	Sex (M / F / X)	Date of Birth
203-1527 Cold Harbour	Victoria	V8R 1H4	(250) 388-5928
Address	City	Postal Code	Home Phone
9037501735			Business Phone
Health Card Number			

INSURANCE

- MSP
 ICBC
 Private
 WorkSafe BC
 Other: _____

APPOINTMENT INFO

Appointment Date: _____
 Appointment Time: _____

PATIENT INSTRUCTIONS

- Please bring this form and Health Card for every visit.
- Arrive 15 minutes prior to appointment and give 24 hours notice if unable to attend.
- If you are late for this appointment, you may have to reschedule.
- Please notify reception if you are diabetic.
- Walk in X-Ray, please arrive at least thirty minutes prior to closing.
- Children may not accompany you during your exam. Please arrange proper child care.
- Partners/guests wishing to share the experience of an obstetric ultrasound will be invited into the examination room for a short period AFTER completion of the exam.

X-RAY (No Appointment)

Examination requested:

ULTRASOUND (By Appointment Only)

Examination requested:
R testis

FLUOROSCOPY (By Appointment Only)

- UGI
 UGI with follow-thru
 Small Bowel

INSTRUCTIONS:

- Nothing to eat or drink after midnight the night before your appointment, which includes chewing gum, candies and smoking.
- Barium may cause constipation. Plenty of fluids should be taken after the examination. In addition, a laxative may be taken after the examination, if there is a tendency to constipation.

HYSTEROSALPINGOGRAM (By Appointment at West 8th Location Only)

What was the first day of your period?
 (First day of full flow)

Month _____ Day _____ Year _____

INSTRUCTIONS:

- Abstain from sexual intercourse from the first day of menstrual period until the examination has been completed.

PHYSICIAN INFORMATION

Caspar Friesen, MD	04/28/2021
Name of Referring Physician	MM/DD/YYYY
25192	
Practitioner Number	Physician Signature
Copy to: _____	

REFERRING PHYSICIAN OFFICE STAMP
Drs. C. Friesen, F. Rode, C. Partridge & R. Herriot
1284 Fairfield Road
Victoria, BC V8V 4W3
 Tel: (250) 598-5158
 Fax: 2505986066

PERTINENT CLINICAL INFORMATION – For timely interpretation of this examination, please specify additional information including:

- Diabetic
 Known/suspected communicable disease
 Other (please specify): mass on R testis

 Verbal

www.westcoastmedicalimaging.com

24-hour notice required to cancel appointment or \$75 charge may be billed to patient.

LOWER MAINLAND LOCATIONS

VANCOUVER

Unit #G-5337 West Blvd. (Kerrisdale)
Phone: 604-325-3244
Fax: 604-925-0136
X-Ray, Ultrasound
Next to White Spot
Fast Track X-ray by Appt.

VANCOUVER

Unit #430 - 1663 East Broadway
Phone: 604-873-1846
Fax: 604-873-5318
X-Ray, Ultrasound, Mammography
Close to Commercial Dr.
Skytrain Station
Fast Track X-ray by Appt.

SURREY

Unit #001-13737 96 Ave
Phone: 604-581-4616
Fax: 604-582-9022
X-Ray
Across from Surrey Memorial
Free Patient Underground Parking
at Stalls #380, #381, #382, #383
Fast Track X-ray by Appt.

VANCOUVER

Regent Medical Building
Unit #330 - 2184 West Broadway
Phone: 604-731-2200
Fax: 604-736-9314
X-Ray

COQUITLAM

Unit #101 - 1015 Austin Avenue
Phone: 604-937-5589
Fax: 604-936-8800
X-Ray, Ultrasound
Across from Rona
Free Parking

SURREY

Unit #3 - 15303 105th Avenue
Phone: 604-581-3101
Fax: 604-582-8520
X-Ray, Ultrasound, Fluoroscopy
Near Guildford Shopping Centre

VANCOUVER

Unit #270 - 1144 Burrard St.
Phone: 604-689-8925
Fax: 604-689-8364
X-Ray
Across from St. Paul's Hospital

NEW WESTMINSTER

Royal City Centre
Unit #200 - 610 6th Street
Phone: 604-522-6818
Fax: 604-522-6810
X-Ray, Ultrasound
Free Parking
Fast Track X-ray by Appt.

SURREY

Unit #105-8818, 120th Street
Phone: 604-590-2211
Fax: 604-581-0405
X-Ray, Ultrasound, Mammography
Free parking at rear of building

VANCOUVER

Laural Medical Centre
Unit #106 - 888 West 8th Ave. UBC
Phone: 604-879-7726
Fax: 604-879-7725
X-Ray, Hysterosalpingogram

NEW WESTMINSTER

Unit #401-233 Nelson's Crescent
Phone: 604-526-2466
Fax: 604-521-5904
X-Ray
Near Royal Columbian Hospital
Fast Track X-ray by Appt.

PLEASE BRING THIS FORM AND YOUR HEALTH CARD FOR EVERY VISIT

ULTRASOUND INSTRUCTIONS

	ABDOMINAL ONLY	RENAL ONLY	PELVIC, OBSTETRIC, BLADDER	ABDOMINAL & PELVIC COMBINATION	ALL OTHER EXAMS
ENGLISH	Fast 12 hours prior to exam. Fat free dinner day before. No dairy, meat, eggs or fried food day before	Drink 2 glasses (16 oz) water 2 hours prior to exam. Do not empty bladder until after exam	Drink 4 glasses (32 oz) water 2 hours prior to exam. Do not empty bladder until after exam	Follow instructions for BOTH the ABDOMINAL AND PELVIC exams	Preparation not required.
FRENCH	Examen abdominal uniquement À jeun 12 heures avant l'examen. Repas sans gras la veille. Pas de produits laitiers, de viande, d'œufs ou de friture la veille.	Examen rénal uniquement Boire deux verres (16 oz) d'eau deux heures avant l'examen. Attendre après l'examen pour se vider la vessie.	Examen pelvien, obstétrique, vessie Boire quatre verres (32 oz) d'eau deux heures avant l'examen. Attendre après l'examen pour se vider la vessie.	Combinaison examen abdominal et examen pelvien Suivre les directives pour les examens abdominaux et pelviens.	Tous les autres types d'examen Aucune préparation nécessaire.
MANDARIN	只做腹部检查 检查前禁食 12 小时前一天晚餐无脂肪前一天不可进牛奶制品、肉类、鸡蛋或油炸食物	只做肾脏检查 检查前两个小时 饮水 2 杯 (16 盎司)。检查之前不要排尿	盆腔、产科、膀胱检查 检查前两个小时 饮水 4 杯 (32 盎司)。检查之前不要排尿	腹部和盆腔合并检查 按照腹部和盆腔两项检查的说明	所有其他检查 无需准备
PUNJABI	ਸਿਰਫ਼ ਫਿੰਡ ਦੋਸਟ ਤੋਂ 12 ਘੰਟੇ ਪਹਿਲਾਂ ਵਰਤੋਂ ਰੱਖੋ ਫਿੰਡ ਸਿਰ ਪਹਿਲਾਂ ਵੇਲੇ ਤੋਂ ਖਿਰਾਂ ਸਾਫ਼ ਕਰ ਕਰਾ ਫਿੰਡ ਸਿਰ ਪਹਿਲਾਂ ਵੱਖ, ਮੀਟ, ਆਂਡੇ ਜਾਂ ਤਲੀਆਂ ਚੀਜ਼ਾਂ ਨਹੀਂ	ਸਿਰਫ਼ ਕੁਦਰਾ ਦੋਸਟ ਤੋਂ 2 ਘੰਟੇ ਪਹਿਲਾਂ 2 ਕਲਾਸ (16 ਔਂਜ) ਪਾਣੀ ਪੀਉ। ਦੋਸਟ ਵੱਟ ਤੱਕ ਪਿਸਾਬ ਨਾ ਕਰੋ।	ਪੈਲਵਿਕ, ਜਨੇਮਾ, ਬਲੈਡਰ ਦੋਸਟ ਤੋਂ 2 ਘੰਟੇ ਪਹਿਲਾਂ 4 ਕਲਾਸ (32 ਔਂਜ) ਪਾਣੀ ਪੀਉ। ਦੋਸਟ ਵੱਟ ਤੱਕ ਪਿਸਾਬ ਨਾ ਕਰੋ।	ਫਿੰਡ ਅਤੇ ਪੈਲਵਿਕ ਦੋ ਦੋਸਟਾਂ ਦੋਨਾਂ ਲਈ ਵਿਚਾਰਿਤਾਂ ਦੀ ਪਾਲਣਾ ਕਰੋ	ਬਾਕੀ ਸਾਰੇ ਟੈਸਟ ਕਿਸੇ ਤਿਆਰੀ ਦੀ ਲੋੜ ਨਹੀਂ ਹੈ
CANTONESE	只做腹部检查 检查前禁食 12 小时前一天吃无脂肪的晚餐前一天不可吃乳制品、肉类、鸡蛋或油炸食物	只做肾脏检查 检查前两个小时 飲 2 杯水 (16 安士)。直到检查後才可排尿	盆腔、產科、膀胱检查 检查前两个小时 飲 4 杯水 (32 安士)。直到检查後才可排尿	腹部和盆腔合併检查 依照腹部和盆腔兩項檢查的說明	所有其他检查 無需準備
FARSI	فقط ناحیه شکم از 12 ساعت قبل از آزمایش چیزی نخورید. روز قبل شام بدون چربی بخورید. از روز قبل لبنیات، گوشت، تخم مرغ یا غذای سرخ نشده نخورید.	فقط کلیه 2 ساعت قبل از آزمایش 2 لیوان (16 اونس) آب بنوشید. مثانه خود را تا پس از آزمایش خالی نکنید.	لگن اندامهای مربوطه به زایمان مثانه 4 ساعت قبل از آزمایش 4 لیوان (32 اونس) آب بنوشید. مثانه خود را تا پس از آزمایش خالی نکنید.	ناحیه شکم و لگن یا هر دو از دستورهای دوگانه شده برای هر دو ناحیه شکم و لگن پیروی کنید.	تمام آزمایشهای دیگر نیازی به آماده سازی قبلی ندارد.
TAGALOG	NGA MAY KAUGHAYAN SA TIYAN LAMANG Huwag kumain 12 oras bago ang pagsusuri. Huwag kumain ng amingang may labasa. huwag kumain ng mga produktong may labas, karneng, tilog, o pinirrito isang araw bago ang pagsusuri.	NGA MAY KAUGHAYAN SA BATO LAMANG Umangang 2 basong (16 oz) tubig 2 oras bago ang pagsusuri. Huwag umahin hanggang hindi natatapos ang pagsusuri.	BALAKANG (PELVIC, HAIHUKOL SA PAGPAPAHAY OBSTETRIK) at PANTOG Umangang 4 na basong (32 oz) tubig 2 oras bago ang pagsusuri. Huwag umahin hanggang hindi natatapos ang pagsusuri.	KOMBINASYON NG TIYAN at BALAKANG Sundan ang mga tagubilin: KAPWA para sa pagsusuri ng TIYAN at BALAKANG	IBA PANG MGA PAGSUSURI Hindi kinakailangan ng preparasyon
KOREAN	복부만 검사 검사 전 12시간 금식. 전날 무지방 저녁 식사. 전날 유제품, 육류, 달걀 또는 튀김 음식 금식.	신장만 검사 검사 2시간 전에 물 2잔(16온스) 섭취. 검사 끝날 때까지 소변 금식.	골반, 산과, 방광 검사 검사 2시간 전에 물 4잔(32온스) 섭취. 검사 끝날 때까지 소변 금식.	복부 및 골반 복합 검사 복부 및 골반 검사에 대한 지시 사항을 둘 다 준수해야 함.	기타 모든 검사 준비 필요 없음.