

falsecreekdiagnostics.com

107 - 555 West 8th Ave Vancouver BC V5Z 1C6

Phone: (604)628-2822 Toll Free: 1(866)628-2822 Fax: (604)484-8141

☐ CT ☐ MRI ☐ U/S ☐ ECHO U/S ☐ X-RAY ☐ BIOPSY ☐ RADIOLOGIST TO DECIDE

				TO BEOIDE
Last Name Middle Initial	First Name			MM / DD / YYYY  Date of Birth
Address	City	Province	Postal Code	Height Weight
Home Phone Work Phone	PHN#	WCB#		Female Male
Known Allergie(s)	Current Medication(s	s)		
Patient Questionnaire		Referring P	hysician	
Is there a chance that the patient may be pregand Indicate date of last menstrual period:	ant? Y / N	Name		MSP#
Has the patient ever been a metal worker, grinde or welder?	r, Y / N	Fax #		
Has the patient ever had a metallic foreign body in their eye? If Yes, please provide an orbital X-ray report prior to appointment	Y / N	Additional (	Copies To	
Does the patient have any of the following?		Name		rax #
Cardiac pacemaker Cochlear imp	olants	Name		Fax#
Aneurysm clip Tattoos or bo	dy piercing	Specifics		
Neurostimulator Stents		AREA(S) TO	BE EXAMINED	
Other implanted device(s) or metallic object in body? Please detail:	ots			2.
Is the patient claustrophobic	Y / N	Results of relevan Please fax any pre	nt examinations/surgica evious reports.	l procedures.
Does the patient have diabetes mellitus? If yes, are they on insulin or Metformin?	diavetes insulin metformin	CLINICAL HI	STORY	
Does the patient have a history of significant kidney disease?	Y / N			
Is the patient mobile?	Y / N			
			Physician's s	signature
OFFICE USE ONLY				
DATE OF EXAM: MM/DD/YYYY TIME:	am / r	om IV Contrast:	Yes No E	Buscopan: Yes No

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## **Patient Preperation**

#### For Pelvic or Obstetrical Ultrasounds

- ·Your bladder must be full
- •Drink lots of water on the day of the scan and make sure that you are well hydrated
- •You may empty your bladder as usual. Drink 2 FULL cups of water one hour before the scan

#### **For Abdominal Scans**

- ·No food after midnight on the day of the scan
- •No smoking, chewing gum, or carbonated beverages on the day of your scan

**AT A** 

 You may drink water, apple juice, clear tea, or clear coffee

## For Renal and Other Scans

No preperation necessary

# For Thyroid, Breast, Lymph Node, and Aspiration Biopsy

•No preperation necessary

## **For Prostate Biopsy**

- •Nothing to eat or drink after midnight on the day of the procedure
- ·You will need blood work in advance for INR
- •Take a Cipro Antibiotic before going to bed
- •Stop taking any anti inflammatory medication, aspirin, or coumadin
- •The procedure takes 1 hour; however, you must stay at least 2 hours for monitoring
- •Pathology reports are ready in 3-5 business days

## For Liver Biopsy

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•Nothing to eat or drink after midnight in the day of the procedure

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·You will need blood work in advance for INR

# Diagnostic Services

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MRI Scan	CT Scan	Ultrasound	Cardiac
Abdomen Pelvis Arthrogram Knees Brain/Traumatic Brain Breast Cardiac Enterography MRV Spine Sedation MRI	Cardiac CT Angiogram (CCTA) Cardiac Calcium Score Arthrogram Colonography Abdomen Kidney/Urethral/Bladder Chest Pelvis Dental Enterography Extremity Head spine	Abdominal Pelvis Axillae Biceps Carotid Groin Kidney/Urethral/Bladder Shoulder Tendon Testicle Thyroid	24-hour Holter Monitor Echo-cardiogram Stress Test  Biopsy/Pathology Liver Biopsy Lymph Node Aspiration Biiopsy Prostate Biopsy Thyroid Biopsy  X-Ray Spine Chest Flexion/Extension Other

## **Our Commitment**

We believe quality care is based on three basic prinicples: 1. Compassionate care, 2. QualityService 3. TimelyApproach. Achieving excellence at a healthcare facility takes years of dedication. Our medical team of over 100 physicians, surgeons, specialists, medical practitioners and support staff are carefully chose for their professional qualifications and dedication to care.

## Centre of Excellence

Established in 1997, False Creek Diagnostics has become one of Canada's most renowned independant diagnostic care providers. This state-of-the art facility offers first class service to those who seek immediate access to the best medical care Canada has to offer.