

# BREAST IMAGING CLINIC



REV. 2020/08/11

**PREFERRED LOCATION**

(PLEASE SELECT ONE)

**EDMONTON**

Unit 107, 16028 –100 A Ave. Tel: 1-888-850-3665  
Edmonton, AB T5P 0M1 Fax: 780-705-9983

**NEW SPRUCE GROVE**

Suite #212, 20 Westwind Dr. Tel: 1-888-850-3665  
Spruce Grove, AB T7X 0Y5 Fax: 587-461-2227

**PATIENT & APPOINTMENT INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Male  Female Weight  lbs  kg Height  inch  cm  
 PHN # \_\_\_\_\_ WCB# / Accident Date \_\_\_\_\_  
 LMP Date \_\_\_\_\_  EDC Date \_\_\_\_\_

**PHYSICIAN INFORMATION**

Dr. Name \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 CC \_\_\_\_\_  
 CC Fax # \_\_\_\_\_  
 PRAC ID \_\_\_\_\_

DR. STAMP

**APPT. DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **ARRIVE 15 MIN EARLY**

**BREAST IMAGING**

**SCREEN MAMMOGRAPHY**   
Includes Ultrasound for Dense Breasts

- No breast abnormality or breast symptom

**CYST ASPIRATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CORE BIOPSY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DIAGNOSTIC MAMMOGRAPHY**   
Includes Ultrasound

- Has been examined and found with the following:
  - Lump or Thickening  R  L
  - Nipple Discharge - Bloody  R  L
  - Nipple Discharge - Non-Bloody  R  L
  - Dimpling or Nipple Retraction  R  L
  - Change in Size, Shape, or Colour  R  L
  - Previous Breast Cysts  R  L
  - Previous Mammo or US Finding Follow-up  R  L
  - Positive for BRCA1 or BCRA2 Gene  R  L
  - Other  R  L

**BREAST ULTRASOUND**   R  L

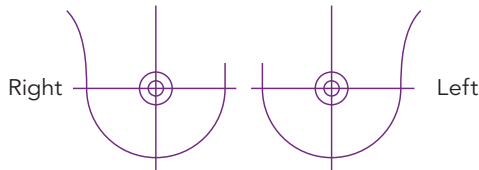
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS MAMMOGRAM**

Date \_\_\_\_\_  
 Location \_\_\_\_\_

**OTHER SIGNIFICANT HISTORY**

- Family History of Breast Cancer
- HRT
- Prior Diagnosis of Breast Cancer
- Previous Breast Biopsies
- Breast Implants / Reduction
- Pain



**BONE MINERAL DENSITOMETRY**

**BONE DENSITOMETRY (MAX 325LBS)**

• Patient's current and 3yr med history list is required (if not available on NetCare). Fax with requisition or have patient to bring in (\*Med History is for BMD Only\*)

- Bone Densitometry
- Lumbar & Thoracic Correlative X-Rays

**TYPE OF EXAM**

- Initial Assessment
- Follow Up

Date \_\_\_\_\_  
 Location \_\_\_\_\_  
 Current Medications for Treatment of Osteoporosis: \_\_\_\_\_

**CLINICAL HISTORY**

SPECIFY INDICATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

★ Arrive 15 minutes before your appointment time.

★ If you are unable to keep your appointment, please contact us 24 hours prior to your appointment at 780-705-9982 or e-mail [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com). If an appointment is not cancelled at least 24 hours in advance of your scheduled appointment, you will be charged a twenty-five dollar (\$25) fee. Please note this will not be covered by your insurance company.

★ We are unable to accommodate patients in a wheelchair unless the patient has an attendant.

- Please make reception aware of all patient’s requirements such as language assistance (other than English), has a hearing impairment, is an assisted adult, has diabetic needs, has allergies (ex.Latex), has a catheter, is in or requires a wheelchair, or any other requirement.
- Remember to bring your Requisition, your Provincial Health Care Card, and Photo ID.
- Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times.

EXAM PREPARATION

ULTRASOUND

**BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS:** The exam requires a full bladder. Drink and finish 1 litre (4 cups) of water 1 hour prior to the appointment time. DO NOT empty your bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. You may eat regularly prior to the exam.

**BIOPHYSICAL PROFILE OR PREGNANCY 28 WEEKS AND OVER:** The exam requires a partially full bladder. Drink and finish 500 ml (2 cups) of water 45 minutes prior to the appointment time. DO NOT empty your bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. Please eat 30 minutes prior to the examination.

**ABDOMEN:** DO NOT eat, drink, chew or consume anything by mouth 8 hours prior to the examination. You may still take your medication with water.

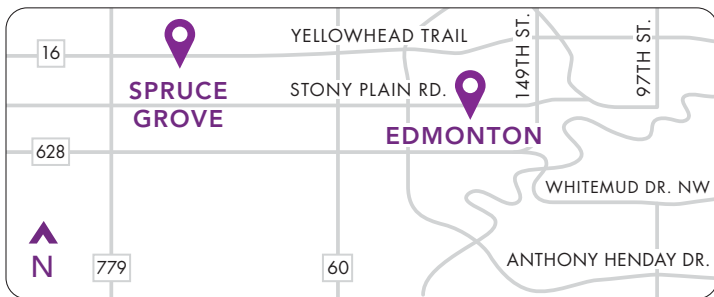
**ABDOMEN AND PELVIS:** DO NOT eat, drink, chew or consume anything but water 8 hours prior to the examination. Drink and finish 1 litre (4 cups) of water 1 hour prior to the appointment time. DO NOT empty your bladder until after the examination. If your bladder is not full, the examination may have to be rescheduled. You may still take your medication with water.

MAMMOGRAPHY

On the day of your exam: Please DO NOT wear any lotions or oils on the upper body; and DO NOT wear deodorant, powder or antiperspirant under your arms. Please wear a two-piece outfit. Avoid caffeine in order to reduce breast tenderness. You will be asked to remove any necklaces or earrings prior to the exam. Please note: if there is a chance that you are pregnant, the exam may not be possible.

BONE MINERAL DENSITOMETRY

Please DO NOT take any VITAMINS, MINERALS, CALCIUM OR IRON for 2 days prior to and including the day of your exam. You may take them AFTER your exam. Please ensure to remove any metal or glass prior to the exam. If you have had a barium study, CT or nuclear scan recently, please let us know at the time of booking your appointment. Please note: if there is a chance that you are pregnant, the exam may not be possible.



**GLENWOOD RADIOLOGY** [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com)

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 **Glenwood Radiology is a LATEX FREE environment!**