

# FITNESS REQUISITION



**780-705-9982**

**GLENWOOD RADIOLOGY**  
(Located on Stony Plain Rd.)

Unit 107, 16028 – 100 A Ave.  
Edmonton, Alberta T5P 0M1

Fax: 780-705-9983 REV. 2018/11/30  
info@glenwoodradiology.com

## PATIENT & APPOINTMENT INFORMATION

Name		Email	
Address			
City	Province	Postal Code	
Home #	Cell #	Work #	
DOB <small>MM/DD/YY</small>	Age	<input type="radio"/> Male <input type="radio"/> Female	Weight (lbs/kg)
PHN #	WCB# / Accident Date	<small>MM/DD/YY</small>	

**APPT. DATE:** MM/DD/YY

**TIME:**

**ARRIVE  
15 MIN  
EARLY**

## MSK (MUSCULOSKELETAL) ULTRASOUND

Includes X-ray & comparison views

<input type="radio"/> Shoulder <b>R / L</b>	<input type="radio"/> Hip/Groin <b>R / L</b>	<input type="radio"/> Knee <b>R / L</b>	<input type="radio"/> Foot <b>R / L</b>
<input type="radio"/> Arm/Biceps/Triceps <b>R / L</b>	<input type="radio"/> Anterior <input type="radio"/> Posterior	<input type="radio"/> Bakers Cyst <b>R / L</b>	<input type="radio"/> Dorsal
<input type="radio"/> Elbow/Forearm <b>R / L</b>	<input type="radio"/> Lateral	<input type="radio"/> Ankle <b>R / L</b>	<input type="radio"/> Plantar Fascia
<input type="radio"/> Hand <b>R / L</b>	<input type="radio"/> Thigh <b>R / L</b>	<input type="radio"/> Anterior	<input type="radio"/> Morton's Neuroma
<input type="radio"/> Dorsal <input type="radio"/> Palmer	<input type="radio"/> Anterior	<input type="radio"/> Lateral	<input type="radio"/> Ganglion/Mass/
<input type="radio"/> Wrist <b>R / L</b>	<input type="radio"/> Posterior (Hamstring)	<input type="radio"/> Medial	<input type="radio"/> Muscle Injury <b>R / L</b>
<input type="radio"/> Dorsal <input type="radio"/> Palmer	<input type="radio"/> Medial/Adductors	<input type="radio"/> Achilles <b>R / L</b>	<input type="radio"/> Synovitis (Joints) <b>R / L</b>
<input type="radio"/> Fingers <b>R / L</b>			
<input type="radio"/> Other <b>R / L</b>			

## EXAM PREPARATION

### 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.

### COMPLETE BODY COMPOSITION SCANS (DEXA)

May not be possible if there is a chance of pregnancy and may need to be deferred to a later date. No jewelry should be worn. Prior to your scan, refrain from eating a heavy meal and taking supplements, drinking excessive fluids, or participating in vigorous exercise.

### PAIN MANAGEMENT

X-ray exams may not be possible if there is a chance of pregnancy and may need to be deferred to a later date in these cases. It is recommended that you dress comfortably. Please avoid clothing that has zippers, clasps, snaps, buttons and/or beading near the area to be X-rayed. Any metal or jewelry near the area to be X-rayed must be removed prior to the X-ray.

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## PHYSICIAN INFORMATION

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

## PAIN MANAGEMENT

Injection Site: **R / L / BOTH** EXAMPLE: HIP, FEET, ETC.

Repeat Number of Injections:

Dr. Signature:

## BONE DENSITOMETRY (MAX 325LBS)

Bone Densitometry

Lumbar & Thoracic Correlative X-Rays

Complete Body Comp. Scan (DEXA) Not covered by AHS

Repeat Number of Scans:

## STAT REPORT OPTIONS

STAT Fax Report

Fax #

STAT Verbal Report

PH #

Send copy of X-ray with the patient

