

# FITNESS REQUISITION



REV. 2019/07/28

## PREFERRED LOCATION

(PLEASE SELECT ONE)

EDMONTON

Unit 107, 16028 – 100 A Ave. Tel: 780-705-9982  
Edmonton, AB T5P 0M1 Fax: 780-705-9983

**NEW** SPRUCE GROVE

Suite #212, 20 Westwind Dr. Tel: 587-461-2221  
Spruce Grove, AB T7X 0Y5 Fax: 587-461-2227

## PATIENT & APPOINTMENT INFORMATION

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

APPT. DATE:

MM/DD/YY

TIME:

ARRIVE  
15 MIN  
EARLY

## MSK (MUSCULOSKELETAL) ULTRASOUND

Includes X-ray & comparison views

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

## EXAM PREPARATION

### BONE MINERAL DENSITOMETRY

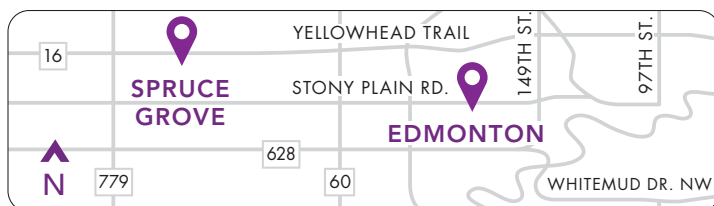
DO NOT take any VITAMINS, MINERALS, CALCIUM OR IRON for 2 days prior to and including the day of your exam. You may take them AFTER your exam. Please ensure to remove any metal or glass prior to the exam. If you have had a barium study, CT or nuclear scan recently, please let us know at the time of booking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

### COMPLETE BODY COMPOSITION SCANS (DEXA)

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. Please note: if there is a chance that you are pregnant, the exam may not be possible.

### PAIN MANAGEMENT

Standard exam is not possible if there is a chance you are pregnant but other options using ultrasound guidance may be considered by the Radiologist. Continue taking regular medications as prescribed by your doctor. If you are on blood thinners, your doctor may need to revise your prescription prior to your procedure. Avoid taking extra pain medications on the day of your exam to allow us to better assess your response to our treatment. If your doctor has prescribed a medication for us to inject during the treatment, please call us as we can likely provide it to you directly. We recommend for you to arrange transportation to and from our clinic as all procedures have the potential to affect your ability to operate a motor vehicle.



## 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)

• 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

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

## GLENWOOD RADIOLOGY

info@glenwoodradiology.com

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