SUBMIT FORM BY EMAIL

# FITNESS REQUISITION

GLENWOOD RADIOLOGY
DIAGNOSTIC 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 | Email
Address
City | Province | Postal Code
Home # | Cell # | Work #
DOB | Age | ◯ Male ◯ Female | Weight ◯ lbs ◯ kg | Height ◯ inch ◯ cm
PHN # | WCB#/Accident Date | ◯ LMP Date | ◯ EDC Date

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

## PHYSICIAN INFORMATION

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

## MSK (MUSCULOSKELETAL) ULTRASOUND

Includes X-ray & comparison views

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

## 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

## EXAM PREPARATION

### BONE MINERAL DENSITOMETRY

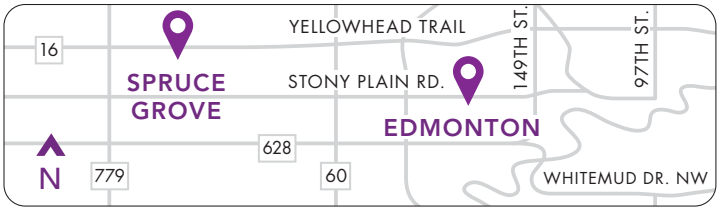
DO NOT take any VITAMINS, MINERALS, CALCIUM OR IRON for 2 days prior to and including the day of your exam. You may take them AFTER your exam. Please ensure to remove any metal or glass prior to the exam. If you have had a barium study, CT or nuclear scan recently, please let us know at the time of booking 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.




LATEX FREE ENVIRONMENT

## GLENWOOD RADIOLOGY

info@glenwoodradiology.com

### EDMONTON

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

### SPRUCE GROVE

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Tel: 587-461-2221 Fax: 587-461-2227

Open Monday to Saturday • Late hours available • Call for hours • Book Online at: **www.glenwoodradiology.com**