

General Requisition

Appointment Information DATE: Note cancellation policy TIME: Check-in 15 minutes prior Date of Requisition: Clinical History (Required)	DD/MM/A AI DD/MM/A (Specify Indication
Note cancellation policy TIME: Check-in 15 minutes prior Date of Requisition:	☐ AI ☐ PI
Check-in 15 minutes prior Date of Requisition:	DD/MM/\
Date of Requisition:	DD/MM/
Clinical History (Required)	(Specify Indicatio
Pre Post Op Surgery:	Date:
LMP EDC	Date:
REFERRING PRACTITIONER Standing Order	(Specify Area) (Practitioner's Initials)
Breast Imaging	
*May include Tomosynthesis, Ultrasound, and/or	Mammography as needed
Screening Mammography*	
Diagnostic Mammography*	□ R □
Breast & Axilla Ultrasound*	
Cyst Aspiration (Includes Consultation) Core Biopsy (Includes Consultation)	R
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Symptom(s):	(Specify Indicatio
Symptom(s):	(Specify Indicatio
	(Specify Indicatio

Patient Information Address:			est Edmonton tmell Place SW	West Edmonton 107, 16028-100a Ave NW	Spruce Grove 212, 20 Westwind
City: Province: Postal Code: DBB: Grown Age: Home #: Coll #: Gender: Male Female Other Email: Weight: Holight: Holight: Modications: WCB Injury Date:	Patient Informatio	n NAME:			
Home #: Cell #: Gender: Male Female Other Emale Allergée: WcB (alim #: Weight: Height: WcB (alim #:	Address:			PHN:	
Email: Weight: Height: Allergies: WCB Claim #: WCB Injury Date: WCB Injury	City:	Province: Posta	Il Code:	DOB:	DD/MM/YY Age:
Allergies: WCB Injury Date: Referring Practitioner Clinic Name: Address: Fax #: CC Dr. Name: CC Fax #: CC CF Name: CC Fax #: STAT Report Fax #: STAT Fax Report Fax #: STAT Fax Report Fax #: STAT Verbal Report Fax #: STAT Report Fax #: STAT Report Fax #: STAT Verbal Report Fax #: STAT Report Fax #: STAT Report Fax #: STAT Report Fax #: STAT Verbal Report Fax #: STAT Report Fax #	Home #:	Cell #:		Gender: Male	Female Other
Referring Practitioner Clinic Name: Address: Tel #: CSgnature Reg Direct #: STAT Report Fax #: STAT Yerbal Report Fax #: CC Dr. Name: CC Fax #: STAT Yerbal Report Tel #: Send Copy of Images with Patient X-ray X-ray MSK (Musculoskeletal) Ultrasound Abdomen Revelvis Abdomen & Pelvis Abdomen & Pelvis Abdomen & Pelvis Abdomen & Pelvis Abdomen & Revelvis	Email:			Weight:	Height:
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Clinic Name: PRACID: Address: Tel #:	Medications:			WCB Injury Date:	
Clinic Name: PRACID: Address: Tel #:					
Address: Tel #:	Referring Practitio	ner NAME:			
Tel #: STAT Report Fax #: CC Dr. Name: CC Fax #: STAT Verbal Report Fax #: Stat Report Fax #: Stat Report Fax #: Stat Report Fax #: Stat Verbal Report Fax #: Stat Verbal Report	Clinic Name:			PRAC ID:	
STAT Report Fax #;	Address:				
Fax #: CC Dr. Name: CC Fax #: STAT Verbal Report Fax #: Stat Verbal Report Tel #: Send Copy of Images with Patient	Tel #:			X	(Signature Req
STAT Verba Report Tel #: Send Copy of Images with Patient	Direct #:		STAT Re	port	
Send Copy of Images with Patient	Fax#:		☐ STAT F	Fax Report Fax #:	
X-ray X-ray: (Specify Exam) Shoulder R Candidate	CC Dr. Name:		STAT \	Verbal Report Tel #:	
N-ray:	CC Fax #:		☐ Send (Copy of Images with Patie	nt
N-ray:					
Shoulder R R Upper Arm/Biceps/Triceps R R General Ultrasound Abdomen & Pelvis Neck Salivary Glanda Abdomen & Appendix Thyroid Gland Abdomen (Routine) Scrotum/Testes (Bilateral) Liver Elastography Abdominal Aratic R AAA Screening (Abdominal Aratic Anatoric) AAA Screening (Abdominal Aratic Results of Anaterior Results of Anate	X-ray		MSK (Mu	usculoskeletal) Ultras	sound
Upper Arm/Biceps/Triceps	X-ray:	(Specif	/ Exam) 🕏 Includes	Correlative X-ray & Comparison	Views as needed
Surgical Referral: Pre Post Op Date: DOMANTO			Shoulde	er	R (
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Dorsal Palmar	Surgical Referral: Pr	e Post Op Date:	/MM/YY Elbow		☐ R (
Abdomen & Pelvis	Ganaral Illtracoun	d	Wrist		☐ R (
Abdomen & Appendix			Doi	rsal Palmar	
Abdomen (Routine) Scrotum/Testes (Bilateral)	=	_	Hand		☐ R (
Liver Elastography Abdominal Wall (Pain/Lump) AAA Screening (Abdominal Aortic Kidneys, Ureters, Bladder Anterior Posterior Lateral Pelvis & Appendix Anterior (Quadriceps) Posterior (Hamstrings) Other:				ger(s) Dorsal F	Palmar
AAA Screening (Abdominal Aortic Anneurysm)			\longrightarrow		(Specify Indic
Pelvis & Appendix Pelvis & Appendix Other: (Specify Indication) Obstetrical Ultrasound Obstetrical Series (Includes Early, Nuchal & Anatomy) Early Obstetric (Dating/Viability -14 weeks) Detailed Fetal Anatomy (-18 to 21 weeks) Detailed Fetal Anatomy (-18 to 21 weeks) Series: (Frequency) Twin Obstetric Other: (Specify Indication) Vascular Ultrasound Carotid Doppler Venous Doppler for DVT LEG R L Venous Doppler for DVT LEG Renal Artery Stenosis (Hypertension) Nacylar Ana Stronging (CIMT)* (Carotid Intima-Media Thickness) Negret Anal Renal Artery Stenosis Tatal Redu Composition Scap (Not covered ## Rep			НІР		☐ R (
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	Vascular Age Screen			ody Composition Scan ^{(Not}	covered # Rep









*based on average of past 90 days

Instructions For Your Appointment

Book your appointment at glenwoodradiology.com

▲ Check in 15 minutes before your appointment time

- · Bring your Requisition, your Provincial Health Care Card, and vour Photo ID
- · We ask that patients attend appointments alone, unless in one of the following circumstances:
 - · Attending an Obstetrical Appointment (1 Adult Allowed in the Exam Room)
 - · Requires an attendant to assist with Mobility, Changing Instructions, and/or Communication/Language
 - · Requires a Driver after a Pain Management Procedure affecting the ability to safely operate a vehicle

- Arrange necessary child care during your exam time:
 - · Our facility cannot provide child care services
- For their safety, children cannot accompany patients for Radiation-based exams (ie. X-ray, Pain Management, BMD)
- Make reception aware of all patient requirements at the time of booking including but not limited to:
 - Language assistance (limited or no English spoken)
 - · Has a hearing impairment
 - Is an assisted adult
 - · Has diabetic needs
 - · Has medical allergies (ie. adhesive, contrast dye)
 - · Has a catheter
 - · Requires a wheelchair (or other equipment)

Exam Preparation

Call or visit glenwoodradiology.com/prep for more exam preparation details

ULTRASOUND

Bladder, Pelvis or Pregnancy Under 28 Weeks:

- ▲ IMPORTANT: Exam requires a full bladder. Drink 1 liter (4 cups) of water 1 hour prior to the exam.
- DO NOT empty your bladder until after the exam. If your bladder is not full, the exam may need to be rescheduled as the best diagnostic information is achieved with a full bladder.
- · You may eat regularly prior to the exam.
- · For Nuchal Translucency Obstetrical exams, ensure to complete bloodwork the same day AFTER the exam.

Biophysical Profile or Pregnancy 28 Weeks and Over:

- ▲ IMPORTANT: Exam requires a partially full bladder. Drink 500 ml (2 cups) of water 45 minutes prior to the exam.
- DO NOT empty your bladder until after the exam. If your bladder is not partially full, the exam may need to be rescheduled as the best diagnostic information is achieved with a partially full bladder.
- DO eat a meal 30 minutes prior to the examination to encourage fetal activity.

Abdomen, Elastography or AAA Screen:

▲ IMPORTANT: DO NOT eat, drink, chew or consume anything by mouth 8 hours prior to the exam EXCEPT for medication and/or water.

Abdomen and Pelvis:

- ▲ IMPORTANT: DO NOT eat, drink, chew or consume anything by mouth 8 hours prior to the exam EXCEPT for medication and/or water.
- ▲ IMPORTANT: Exam requires a full bladder. Drink 1 liter (4 cups) of water 1 hour prior to the exam.
- DO NOT empty your bladder until after the exam. If your bladder is not full, the exam may need to be rescheduled as the best diagnostic information is achieved with a full bladder.

MAMMOGRAPHY

- ▲ IMPORTANT: if there is a chance that you are pregnant, the exam may not be possible.
- DO NOT wear lotions, oils, deodorant, powder or antiperspirant under arms or upper body before the exam.
- · Avoid caffeine to reduce breast tenderness.
- · Wear a two-piece outfit.
- Remove all metal and jewelry near the area to be imaged.

X-RAY

- ▲ IMPORTANT: if there is a chance that you are pregnant, the exam may not be possible.
- Remove jewelry, metal or light refracting objects (ie. zippers, buttons, embroidery, graphics, etc.) near the imaging area.

TOTAL BODY COMPOSITION SCANS (DEXA)

- ▲ IMPORTANT: if there is a chance that you are pregnant, the exam may not be possible.
- DO NOT consume supplements with CALCIUM or CREATINE, or perform vigorous exercise for 24 hours prior to the scan.
- Refrain from eating a heavy meal 2 hours before the scan. Drink adequate water to maintain normal hydration levels.
- · Your appointment cannot be booked within 2 weeks of a barium study, contrast CT, or nuclear medicine scan.
- · Remove all metal and jewelry near the area to be imaged.

BONE MINERAL DENSITOMETRY

- ▲ IMPORTANT: if there is a chance that you are pregnant, the exam may not be possible.
- DO NOT take any vitamins or supplements containing CALCIUM or IRON for 2 days prior to your exam. You may take them AFTER your exam.
- · Your appointment cannot be booked within 2 weeks of a barium study, contrast CT, or nuclear medicine scan.
- · Remove jewelry, metal or light refracting objects (ie. zippers, buttons, embroidery, graphics, etc.) near the imaging area.

Cancellation Policy

V1 Mar 2025









provider) and/or your requisition will be sent back to your ordering practitioner. To cancel or rebook, contact us at least 24 hours

prior to your appointment:

Call toll free: 1-888-850-3665

Email: rebook@glenwoodradiology.com

PAIN MANAGEMENT INJECTIONS

- ▲ IMPORTANT: if there is a chance that you are pregnant or are currently breastfeeding, the exam may not be possible. If pregnancy is suspected, options such as ultrasound guidance may be considered by the Radiologist. Note steroid injections may temporarily impact breast milk production.
- Procedure may affect your ability to safely operate a vehicle or heavy machinery due to temporary weakness or loss of balance. Glenwood Radiology advises arranging transportation to and from the exam with a responsible adult.
- · Continue to take all prescribed medications however, if possible, avoid pain medications on the day of your exam for a more accurate assessment of your treatment.
- · If you have diabetes, steroid injections may temporarily affect your blood glucose levels. Please consult with your healthcare provider for details.
- If your doctor has prescribed a medication for us to inject, contact us in advance so we can provide it to you directly.
- · Gowns are required to access the procedure site while maintaining a sterile field and to limit accidental staining to your clothing by disinfectants.
- · Once treatment is complete, remain in the waiting area for a minimum of 10 minutes for a pain level reassessment.
- · Ensure that the bandage or dressing over the injection site is kept clean and dry to prevent infection afterwards.
- · While rare, serious complications can occur. Mildly increased pain and discomfort for up to 48 hours post-procedure is normal. If you experience adverse symptoms such as signs of an allergic reaction, signs of an infection including fever/chills, worsening pain, new numbness or weakness in your limbs, or loss of bladder/bowel control, consult your Referring Medical Practitioner, call 811 (Health Link), or proceed to an Urgent Care/Emergency Room as necessary.
- · Refrain from heavy lifting or strenuous activities for at least 24 hours after your treatment. Physiotherapy and chiropractic appointments can be resumed 1 week after the procedure if feeling well enough.



Book your appointment online: glenwoodradiology.com

、 1-888-850-3665

North Edmonton

Coming Soon!

T: 780-784-1660 F: 780-784-1661

ne@glenwoodradiology.com

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T: 587-461-2221 F: 587-461-2227 sg@glenwoodradiology.com

