General Requisition

1-888-850-3665 | Click here to Send Form by Email

GLENWOOD RADIOLOGY
DIAGNOSTIC IMAGING CLINIC

REV. 2021/11/15

SELECT A LOCATION:

- ◯ **WEST EDMONTON** — Fax: 780-705-9983 — 107, 16028-100 A Ave.
- ◯ **CHAPPELLE CROSSING** — Fax: 780-540-9065 — 6403 Cartmell Place SW
- ◯ **SPRUCE GROVE** — Fax: 587-461-2227 — 212, 20 Westwind Dr.

Patient Info:

NAME:

Address:

City: Province: Postal Code:

Home #: Cell #:

Email:

PHN #

◯ Male ◯ Female ◯ Other

DOB: DD / MM / YY Age:

Weight: ◯ lbs ◯ kg

Height: ◯ inch ◯ cm

◯ WCB # or Date: DD / MM / YY

Referring Physician:

DR. NAME:

Clinic Name & Address:

Tel #:

Direct #:

Fax #:

Dr. Signature:

✕ (Required)

PRAC ID:

CC Dr.:

CC Fax #:

STAT Report:

◯ STAT Fax Report – Fax #:

◯ STAT Verbal Report – Tel #:

◯ Send Copy of Images with Patient

X-ray (Walk-ins Accepted)

◯ X-ray: (Specify Exam)

General Ultrasound

◯ Routine Abdomen
◯ Liver Elastography
◯ Abdominal Wall (Pain/Lump)
◯ Abdomen & Pelvis
◯ Routine Pelvis (Includes Urinary Tract)
◯ AAA Screening (Abdominal Aortic Aneurysm)
◯ Kidneys, Ureters, Bladder
◯ Scrotum/Testes (Bilateral)
◯ Thyroid Gland
◯ Neck (Salivary Glands /Lymph Nodes/Mass)
◯ Other: (Specify Indication)

Obstetrical Ultrasound

◯ Obstetrical Series (Includes Early, Nuchal & Detailed)
◯ Early Obstetric (Dating/Viability <12 weeks)
◯ Nuchal Translucency (11 weeks 2 days to 13 week 6 days)
◯ Detailed Anatomy (~18 to 20 weeks)
◯ BPP (Biophysical Profile) (28+ weeks)
◯ Series: (Frequency)
◯ Twin Obstetric
◯ Other: (Specify Indication)

Vascular Ultrasound

◯ Carotid Doppler
◯ Venous Doppler for DVT LEG ◯ R ◯ L
◯ Venous Doppler for DVT ARM ◯ R ◯ L
◯ Peripheral Arterial Screening (with ABI)
◯ Renal Artery Stenosis (Hypertension)
◯ Vascular Age Screening (CIMT)* (Carotid Intima-Media Thickness) *Not covered by AHS

MSK (Musculoskeletal) Ultrasound

(Includes Correlative X-ray & Comparison Views)

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

Bone Densitometry (Maximum 325 lbs)

◯ Bone Densitometry
◯ Thoracic & Lumbar Spine Correlative X-Rays
◯ Complete Body Comp. Scan* (DEXA) *Not covered by AHS
  # Repeat # of scans

Appointment Info:

APPT. DATE: *Note cancellation policy* DD / MM / YY

APPT. TIME *Arrive 15 minutes prior* ◯ AM ◯ PM

Date of Requisition: DD / MM / YY

Clinical History:

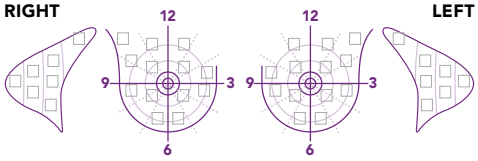
(Specify Indication)

◯ LMP or EDC Date: DD / MM / YY

Breast Imaging

◯ Screening Mammography (Includes Ultrasound for Dense Breasts)
◯ Diagnostic Mammography (with Tomo as needed) ◯ R ◯ L
◯ Breast & Axilla Ultrasound ◯ R ◯ L
◯ Cyst Aspiration ◯ Core Biopsy ◯ Consult

RIGHT LEFT



◯ Implants ◯ YES ◯ NO ◯ Lump ◯ R ◯ L
◯ History of Breast Cancer ◯ YES ◯ NO

Image Guided Pain Management

May require further imaging and/or consultation which will be arranged on your behalf.

★ *For more options, refer to our Pain Management Requisition*

◯ Pain Management Injection ◯ R ◯ L ◯ BOTH
(Specify Area)

THERAPY TYPE

All can be supplied by Glenwood Radiology
**Not covered by AHS*

◯ Steroid ◯ Platelet Rich Plasma (PRP)*
◯ Durolane* ◯ Monovisc* ◯ Orthovisc*

REFERRING PRACTITIONER

◯ Standing Order ✕ (Practitioner's Initial's)

Other Procedures

◯ Calcific Tendinosis (Barbotage) ◯ R ◯ L ◯ BOTH
◯ Biopsy: (Specify Type)
◯ Cyst Aspiration: (Specify Type)

Patient Instructions

REV. 2021/11/15

For Your Appointment

- Bring your Requisition, your Provincial Health Care Card, and Photo ID
- Bring your face covering with you and put on prior to entry
- Arrive 15 minutes before your appointment time
- Make reception aware of all patient requirements at the time of booking, such as: language assistance (limited or no English spoken), hearing impairment, is an assisted adult, diabetic needs, medical allergies (ex. adhesive, contrast dye), has a catheter, is in or requires a wheelchair, or any other requirement
- Arrange necessary child care during your appointment time (our facility is not able to provide child care services)
- If you have a wheelchair, please ensure you have an attendant with you

Your safety is our #1 priority

To keep you and others safe, we continue to ask for you to:

- Please wear a face covering before entry and throughout your time inside our facilities
- Please continuously wash and sanitize your hands
- Please attend your appointment alone (if possible)

We thank you for your continued support!

Cancellation Policy

- For cancellation or re-booking we ask that you contact us at least 24 hours prior to your appointment by calling 1-888-850-3665 or sending an e-mail to info@glenwoodradiology.com
- If an appointment is not cancelled at least 24 hours in advance, you will be charged a twenty-five dollar ($25) fee **Please note this will not be covered by your insurance company*

Exam Preparation

Ultrasound

BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS: This exam requires a full bladder. Drink and finish 1 liter (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: This 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, ELASTOGRAPHY OR AAA SCREEN: 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.

Complete Body Composition Scans (DEXA)

NO jewelry should be worn. Prior to your scan, refrain from eating a heavy meal, 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.

X-Ray (Walk-In)

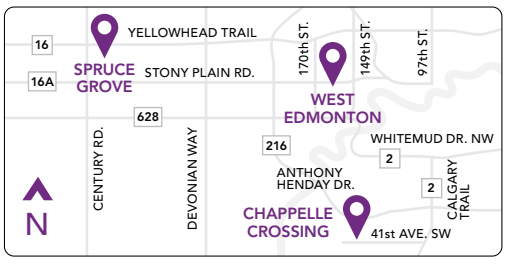
It is recommended that you dress comfortably. Please avoid clothing that has zippers, clasps, snaps, buttons and/or beading near the area to be imaged. Any metal or jewelry near the area to be imaged must be removed prior to the X-Ray.

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

Pain Management

PLEASE NOTE: if there is a chance that you are pregnant or currently breast-feeding, the exam may not be possible. If pregnancy is suspected, other options using ultrasound guidance may be considered by the Radiologist.

- Continue to take all regular medications as prescribed by your doctor.
- Please be aware that your doctor may need to prescribe medication changes prior to your procedure if you are on blood thinners.
- If possible, do not take any pain medications on the day of your exam. This allows us to better assess your response to our treatment.
- If your doctor has prescribed a medication for us to inject, please call us as we can likely provide it to you directly.
- Gowns are provided for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that your clothing could be accidentally stained by disinfectant.
- Once treatment is complete, a staff member will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level.
- Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.
- Serious complications are extremely rare but can happen. It may be normal to experience some mildly increased pain and discomfort for up to 48 hours after your procedure. However, if you suffer steadily worsening pain, experience fever/chills or any sign of infection, develop new numbness or weakening in your limbs, or lose normal bladder/bowel control contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital Emergency Department.
- All procedures have the potential to affect your ability to operate a motor vehicle. Glenwood Radiology recommends that you arrange transportation to and from the exam. This is required for all hip joint pain management procedures.



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info@glenwoodradiology.com

Book Online or Call Toll-Free to book your appointment **1-888-850-3665**

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Glenwood Radiology is a LATEX FREE environment!

glenwoodradiology.com