

# General Requisition

**SELECT LOCATION:**  **WEST EDMONTON** 107,16028 -100 A Ave.  **CHAPPELLE CROSSING** 6403 Cartmell Place SW  **SPRUCE GROVE** 212, 20 Westwind Dr.

### Patient Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_  Male  Female  Other  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_ DD/MM/YY Age: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Weight: \_\_\_\_\_  lb  kg  
 Email: \_\_\_\_\_ Height: \_\_\_\_\_  in  cm  
 PHN # \_\_\_\_\_ Medications: \_\_\_\_\_  
 WCB # \_\_\_\_\_ Date of Injury: \_\_\_\_\_ DD/MM/YY Allergies: \_\_\_\_\_

### Referring Practitioner

Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ PRAC ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel #: \_\_\_\_\_ X (Signature Required)  
 Direct #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 CC Dr. Name: \_\_\_\_\_  
 CC Fax #: \_\_\_\_\_

### X-ray

X-ray: \_\_\_\_\_ (Specify Exam)

Surgical Referral:  Pre  Post Op Date: \_\_\_\_\_ DD/MM/YY

### General Ultrasound

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

### Obstetrical Ultrasound

Obstetrical Series (Includes Early, Nuchal & Anatomy)  
 Early Obstetric (Dating/Viability <14 weeks)  
 Nuchal Translucency (11 weeks 2 days to 13 week 6 days)  
 Detailed Fetal Anatomy (~18 to 21 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)  Add TBI  
 Renal Artery Stenosis (Hypertension)  
 Vascular Age Screening (CIMT)\* (Carotid Intima-Media Thickness) \*Not covered by AHS

### STAT Report

STAT Fax Report Fax #: \_\_\_\_\_  
 STAT Verbal Report Tel #: \_\_\_\_\_  
 Send Copy of Images with Patient

### MSK (Musculoskeletal) Ultrasound

Includes Correlative X-ray & Comparison Views as needed

Shoulder  R  L  
 Upper Arm/Biceps/Triceps  R  L  
 Elbow  R  L  
 Wrist  R  L  
 Dorsal  Palmar  
 Hand  R  L  
 Finger(s)  Dorsal  Palmar (Specify Indication)  
 Hip  R  L  
 Anterior  Posterior  Lateral  
 Thigh  R  L  
 Anterior (Quadriceps)  Posterior (Hamstrings)  
 Groin/Medial Adductors  R  L  
 Knee  R  L  
 Baker's Cyst  R  L  
 Ankle  R  L  
 Anterior  Lateral  Medial  
 Achilles/Calf  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  
 Total Body Composition Scan (Not covered by AHS) # \_\_\_\_\_ Repeat # of scans \_\_\_\_\_

### Appointment Info

V1 Dec 2024

**DATE:** \_\_\_\_\_ Note cancellation policy DD/MM/YY  
 **TIME:** \_\_\_\_\_  AM  PM  
 Check-in 15 minutes prior  
 Date of Requisition: \_\_\_\_\_ DD/MM/YY

### Clinical History (Required)

(Specify Indication)

Pre  Post Op Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YY  
 LMP  EDC \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YY

### Image Guided Pain Management

★ For options, refer to our Pain Management Requisition  
 May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be adjusted accordingly by the treating physician(s).

Pain Management Injection  R  L (Specify Area)  
 Cyst Aspiration  R  L (Specify Area)

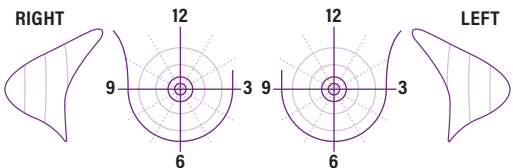
### REFERRING PRACTITIONER

Standing Order  X (Practitioner's Initials)

### Breast Imaging

\*May include Tomosynthesis, Ultrasound, and/or Mammography as needed

Screening Mammography\*  
 Diagnostic Mammography\*  R  L  
 Breast & Axilla Ultrasound\*  R  L  
 Cyst Aspiration (Includes Consultation)  R  L  
 Core Biopsy (Includes Consultation)  R  L



Symptom(s): \_\_\_\_\_ (Specify Indication)

History of Breast Cancer  R  L  
 Implants  R  L  
 Other Breast Procedure(s): \_\_\_\_\_

### Other

(Specify Indication)



**Instructions For Your Appointment**

Book your appointment at [glenwoodradiology.com](http://glenwoodradiology.com)

**Cancellation Policy**

- Bring your Requisition, your Provincial Health Care Card, and your Photo ID
- Check in 15 minutes before your appointment time
- 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

- 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)
  - Hearing impairment
  - Is an assisted adult
  - Diabetic needs
  - Medical allergies (ie. adhesive, contrast dye)
  - Has a catheter
  - Is in or requires a wheelchair or any other equipment

- For cancellation or re-booking we ask that you contact us at least 24 hours prior to your appointment
- To cancel or rebook, call 1-888-850-3665 or send an e-mail to [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com)
- Please note: if an appointment is not cancelled at least 24 hours in advance, you will be charged a twenty-five dollar (\$25) fee (this will not be covered by your insurance company)

**Exam Preparation**

Visit [glenwoodradiology.com/prep](http://glenwoodradiology.com/prep) for our latest exam preparation details

**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 need to be rescheduled. The best diagnostic information is achieved with a full bladder.
- You may eat regularly prior to the exam.
- For Nuchal Translucency Obstetrical exams, please ensure to complete bloodwork within 24 hours AFTER the Ultrasound 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**

- **IMPORTANT:** if there is a chance that you are pregnant, the exam may not be possible.
- 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. You will be asked to remove any necklaces or earrings prior to the exam.
- Avoid caffeine in order to reduce breast tenderness.

**X-RAY**

- **IMPORTANT:** if there is a chance that you are pregnant, the exam may not be possible.
- It is recommended that you dress comfortably. Please avoid clothing that has zippers, clasps, snaps, buttons, embroidery, graphics 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.

**TOTAL BODY COMPOSITION SCANS (DEXA)**

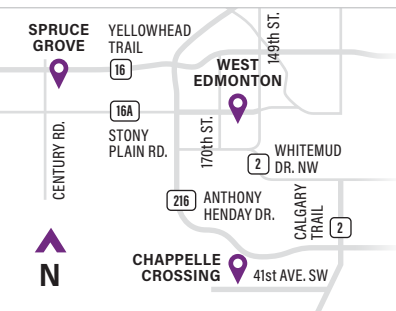
- **IMPORTANT:** if there is a chance that you are pregnant, the exam may not be possible.
- No jewelry should be worn.
- Prior to your scan, refrain from eating a heavy meal, taking supplements, drinking excessive fluids, or participating in vigorous exercise.

**BONE MINERAL DENSITOMETRY**

- **IMPORTANT:** if there is a chance that you are pregnant, the exam may not be possible.
- It is recommended that you dress comfortably. Please avoid clothing that has zippers, clasps, snaps, buttons, embroidery, graphics and/or beading.
- Please **DO NOT** take any VITAMINS, MINERALS, CALCIUM OR IRON supplements for 2 days prior to and including the day of your exam. You may take them **AFTER** your exam.
- If you have had a barium study, contrast CT, or nuclear scan recently, please let us know at the time of booking your appointment.

**PAIN MANAGEMENT**

- **IMPORTANT:** if there is a chance that you are pregnant or are 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.
- Be aware that your doctor may need to adjust your medication, especially if you are on blood thinners, prior to the procedure.
- If possible, avoid taking pain medications on the day of your examination to facilitate accurate assessment of your response to 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 available for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that they may be accidentally stained by disinfectant.
- Once treatment is complete, a staff member will request that you remain in the waiting area for 10 minutes for a pain level reassessment.
- Refrain from heavy lifting or strenuous activities for at least 24 hours after your treatment, or as directed by your doctor.
- While serious complications are rare, they can occur. Mildly increased pain and discomfort for up to 48 hours post-procedure are normal. However, if you experience worsening pain, fever/chills, signs of infection, new numbness or weakness in your limbs, or loss of bladder/bowel control, contact your doctor immediately. If your doctor is unavailable, proceed to the nearest hospital Emergency Department.
- All procedures may affect your ability to safely operate a motor vehicle. Glenwood Radiology advises arranging transportation to and from the exam. Feel free to reach out to us with any questions.



Book your appointment online: [glenwoodradiology.com](http://glenwoodradiology.com)

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