

# General Requisition

**Select Location:**  **North Edmonton** Coming Soon!  **Southwest Edmonton** 6403 Cartmell Place SW  **West Edmonton** 107,16028-100a Ave NW  **Spruce Grove** 212, 20 Westwind Dr.

**Patient Information** **NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ **PHN:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ **DOB:** \_\_\_\_\_ DD/MM/YY **Age:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ **Gender:**  Male  Female  Other

Email: \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Allergies: \_\_\_\_\_ **WCB Claim #:** \_\_\_\_\_

Medications: \_\_\_\_\_ **WCB Injury Date:** \_\_\_\_\_ DD/MM/YY

**Referring Practitioner** **NAME:** \_\_\_\_\_

Clinic Name: \_\_\_\_\_ **PRAC ID:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_ **Signature:** \_\_\_\_\_ (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 Information** VI Mar 2025

**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: \_\_\_\_\_

LMP  EDC \_\_\_\_\_ Date: \_\_\_\_\_

**Image Guided Pain Management**

★ **For options, refer to our Pain Management Requisition**  
Further imaging, consultation, and/or treatment may be adjusted accordingly by the treating physician(s).

Pain Management Injection/Aspiration  R  L (Specify Area)

\_\_\_\_\_

**REFERRING PRACTITIONER** (Practitioner's Initials)

Standing Order  \_\_\_\_\_

**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

**RIGHT** **LEFT**

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

History of Breast Cancer  R  L

Implants  R  L

Other Breast Procedure(s): \_\_\_\_\_

**Other** (Specify Indication)

\_\_\_\_\_



*\*based on average of past 90 days*

**Instructions For Your Appointment**

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

**▲ Check in 15 minutes before your appointment time**

- Bring your Requisition, your Provincial Health Care Card, and your 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/prepare](http://glenwoodradiology.com/prepare) 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**

VI Mar 2025



**▲ IMPORTANT:** if an appointment is not cancelled or rebooked at least 24 hours in advance, you will be charged a fee (not covered by your insurance provider) and/or your requisition will be sent back to your ordering practitioner.

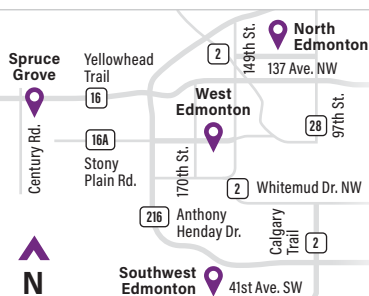
- To cancel or rebook, contact us at least 24 hours prior to your appointment:

**Call toll free: 1-888-850-3665**

**Email: [rebook@glenwoodradiology.com](mailto: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](http://glenwoodradiology.com)

**1-888-850-3665**

**North Edmonton**

**Coming Soon!**

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

[ne@glenwoodradiology.com](mailto:ne@glenwoodradiology.com)

**Southwest Edmonton**

6403 Cartmell Place SW  
Edmonton, AB T6W 4V4

**T : 780-540-9066  
F : 780-540-9065**

[se@glenwoodradiology.com](mailto:se@glenwoodradiology.com)

**West Edmonton**

107-16028 100a Ave NW  
Edmonton, AB T5P 0M1

**T : 780-705-9982  
F : 780-705-9983**

[we@glenwoodradiology.com](mailto:we@glenwoodradiology.com)

**Spruce Grove**

212-20 Westwind Dr  
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