

# GENERAL REQUISITION

**PREFERRED LOCATION**

(PLEASE SELECT ONE)

**EDMONTON**

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

**NEW SPRUCE GROVE**

Suite #212, 20 Westwind Dr. Tel: 587-461-2221  
Spruce Grove, AB T7X 0Y5 Fax: 587-461-2227

**PATIENT & APPOINTMENT INFORMATION**

Name		Email	
Address			
City	Province	Postal Code	
Home #	Cell #	Work #	
DOB	MM/DD/YY	Age	<input type="radio"/> Male <input type="radio"/> Female
Weight (lbs/kg)		Height	
PHN #	WCB# / Accident Date	MM/DD/YY	<input type="radio"/> LMP or EDC/Date <input type="radio"/> MM/DD/YY

**APPT. DATE:**

MM/DD/YY

**TIME:**

ARRIVE  
15 MIN  
EARLY

★ **PEDIATRICS \* EDMONTON LOCATION ONLY \***

Pediatric Echocardiogram with Consultation

**OBSTETRICAL ULTRASOUND**

- Obstetrical Series (incl. Early, Nuchal & Detailed)
- Early Obstetric (dating/viability)
- Nuchal Translucency (11w0d to 13w6d)
- Detailed Anatomy (~18-20 weeks)
- BPP (Biophysical Profile) (28+ weeks)
  - Weekly
- Other SPECIFY INDICATION

**MSK (MUSCULOSKELETAL) ULTRASOUND**

Includes X-ray & comparison views

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

**GENERAL ULTRASOUND**

- Routine Abdomen  Scrotum/Testes
- Abdominal Wall  Neck (Thyroid/Salivary Glands)
  - (Pain/Lump/Other) /Lymph Nodes
- Abdomen + Pelvis  Thyroid Biopsy (incl. U.S.)
- Routine Pelvis  Lump (Lipoma) **R / L**
- Kidneys, Ureters,  Other
  - Bladder only

**IMAGE GUIDED PAIN MANAGEMENT**

Injection Site: **R / L / BOTH**

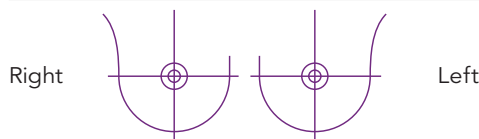
EXAMPLE: HIP, FEET, ETC.

Repeat Number of Injections:

Dr. Signature: \_\_\_\_\_

**BREAST IMAGING**

- Screening Mammography (incl. ultrasound for dense breasts)
- Diagnostic Mammography **R / L** (Pain, lump other problem / incl. ultrasound)
- Breast & Axilla Ultrasound **R / L**
- Implants **Y / N**  Other **R / L**



- Cyst Aspiration  Core Biopsy

**X-RAY (WALK-INS ACCEPTED)**

X-ray SPECIFY INDICATION

**PHYSICIAN INFORMATION**

Dr. Name \_\_\_\_\_

Clinic \_\_\_\_\_

Signature \_\_\_\_\_

Cell # \_\_\_\_\_

Fax # \_\_\_\_\_

CC \_\_\_\_\_

CC Fax # \_\_\_\_\_

PRAC ID \_\_\_\_\_

**VASCULAR ULTRASOUND**

- Carotid Doppler
- Venous Doppler for **DVT LEG** **R / L**
- Venous Doppler for **DVT ARM** **R / L**
- OR**
- Peripheral Arterial Screening
- Renal Artery Stenosis (Hypertension)
- CIMT Screening (not covered by AHS)

**BONE DENSITOMETRY (MAX 325LBS)**

- Bone Densitometry
- Lumbar & Thoracic Correlative X-Rays
- Complete Body Comp. Scan (DEXA) *Not covered by AHS*
- Repeat Number of Scans:

**OTHER PROCEDURES**

- Thyroid Fin Needle Aspiration (FNA)

**STAT REPORT OPTIONS**

- STAT Fax Report Fax # \_\_\_\_\_
- STAT Verbal Report PH # \_\_\_\_\_
- Send copy of X-ray with the patient

**CLINICAL HISTORY**

★ **Arrive 15 minutes before your appointment time.**

★ **If you are unable to keep your appointment, please contact us 24 hours prior to your appointment at 780-705-9982 or e-mail [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com). If an appointment is not cancelled at least 24 hours in advance of your scheduled appointment, you will be charged a twenty-five dollar (\$25) fee. Please note this will not be covered by your insurance company.**

★ **We are unable to accommodate patients in a wheelchair unless the patient has an attendant.**

- Please make reception aware of all patient’s requirements such as language assistance (other than English), has a hearing impairment, is an assisted adult, has diabetic needs, has allergies (ex.Latex), has a catheter, is in or requires a wheelchair, or any other requirement.
- Remember to bring your Requisition, your Provincial Health Care Card, and Photo ID.
- Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times.

**EXAM PREPARATION**

**ULTRASOUND**

**BLADDER, PELVIS OR PREGNANCY UNDER 28 WEEKS:** The exam requires a full bladder. 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 eat regularly prior to the exam.

**BIOPHYSICAL PROFILE OR PREGNANCY 28 WEEKS AND OVER:** The 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:** 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 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.

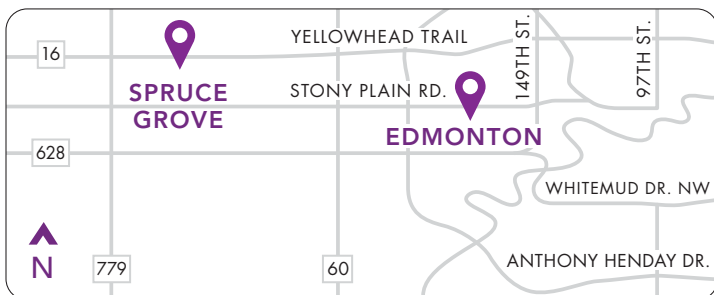
**WALK-IN X-RAY**

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, 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 extra 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 the day 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.



**GLENWOOD RADIOLOGY** [info@glenwoodradiology.com](mailto:info@glenwoodradiology.com)

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 **Glenwood Radiology is a LATEX FREE environment!**