



ACMS ULTRASOUND LTD

(Alberta Center for Musculoskeletal Ultrasound)

www.acmsultrasound.com

Key to Recovery

Appointment Date: _____ Time: _____

REQUISITION

Name: _____

Address: _____

Phone: _____

Date of Birth (DOB): _____

Alberta Health Card (AHC): _____

Cell: _____

Age: _____ Male Female

WCB: _____

Diabetic Yes No

Date of LMP: _____

Pregnant Yes No

Patient Initials: _____

Medications

Anticoagulation

Aspirin

Other: _____

Allergies

Latex

X-Ray contrast/Dye

X- RAY

Fluoroscopy

Small Bowel FT ES +D Infertility Studies

Bone Densitometry

Spine & Hip Total Body BMD/Composition Sarcopenia/ Trabecular bone Score

Including Thoracic & Lumbar spine X-Rays Pediatric BMD

GENERAL/ VASCULAR ULTRASOUND

Routine Abdomen

Thyroid

Venous Doppler for DVT LEG

Peripheral Arterial Screening

Abdomen + Pelvis

Head and Neck

Venous Doppler for DVT ARM

Ankle Brachial Index (ABI)

Routine Pelvis

Scrotum/Testes

Varicose Vein Assessments

Abdominal Doppler

Limited Abdomen

ABD Wall /Hernia

Peripheral Venous for Incompetence

Renal Artery Doppler (For uncontrolled HTN)

Renal/Bladder

Breast/Axilla

Thoracic Outlet Syndrome

Lump/Other _____

Carotid Doppler

OBSTETRICAL ULTRASOUND

Early OBS (Dating/Viability)

Nuchal Translucency (11w to 13w)

Routine Anatomy

Obstetrical Series (Early, Nuchal, and Detailed)

OBS/Biophysical Profile (28+Weeks)

Weekly

MUSCULOSKELETAL ULTRASOUND (INCLUDING X - RAY)

Shoulder

R L

Hand/Fingers

R L

Brachial Plexus Study

R L

Advanced Shoulder

R L

Sternoclavicular Joint

R L

Thigh/Hamstrings _____

R L

(Incl SS Nerve and RCI)

Lumbar Spine/Lower back

R L

Knee

R L

Shoulder Blades/Upper Back

R L

Hip/Groin/SI Joints

R L

Leg/Calf

R L

Chest Wall/ Pleura

R L

Anterior _____ Posterior _____

Ankle

R L

Arm/Biceps/Triceps

R L

Medial _____ Lateral _____

Achilles Tendon

R L

Elbow/Forearm

R L

Thigh

R L

Foot (Plantar)

R L

Wrist

R L

Anterior _____ Medial _____

Other: _____

Peripheral Nerves: _____

Site: _____

PAIN MANAGEMENT (FOR MORE DETAILS PLEASE REFER TO PAIN MANAGEMENT REQUISITION)

Ultrasound Guided Injection

Site:(E.g. hip, facet, shoulder, knee, hand/wrist, ankle/foot etc.): _____

Right Left Both

Blood Thinners? Yes No

SIGNIFICANT HISTORY & DIAGNOSIS

PHYSICIAN INFORMATION

Practitioner's Name: _____

Practitioner's Address: _____

Practitioner's ID: _____

Cell: _____ Fax: _____

Signature: _____

Stat Fax Report

Fax

Stat Verbal Report

PH#

Send Copy of X-ray with the patient

EXAM PREPARATION

ABDOMEN, ABDOMINAL AORTA, RENAL ARTERIES:

DO NOT eat, drink, chew or consume anything by mouth 8 hours prior to the examination, any medication should be taken with water as required.

ABDOMEN & PELVIS: Do Not eat, chew or consume anything but water 8 hours prior to the examination. Take and finish 1 liter of water one hour prior to appointment time.

DO NOT empty your bladder until after ultrasound examination, if your bladder is not full the examination may have to be rescheduled. You may still take your medication with water.

BIOPHYSICAL PROFILE OR PREGNANCY 28 WEEKS AND OVER: The exam requires a partially full bladder. Drink and finish 400ml (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 be rescheduled. Please eat 30 minutes prior to the examination

WALK IN X-RAY

X-ray exams may not be possible if there is a chance of pregnancy and may need to be deferred to a later date in these cases, it is recommended that you dress comfortably. Please avoid clothing that has zippers, clasps, snaps, buttons and /or beading near the area to be x-rayed. Any metal or jewelry near the area to be x-rayed must be removed prior to x-ray

PATIENT INSTRUCTION

Please arrive 15 to 20 minutes before your appointment time.

Please notify reception if you are diabetic.

Remember to bring your Requisition, your Provincial Health Card, and Photo ID.

If you are unable to keep your appointment, please contact us 24 hours prior to your appointment.

If an appointment is not cancelled at least 24 hours in advance of our scheduled appointment you will be charged a twenty-five-dollar (\$25) fee. Please note this will not be covered by your insurance company.

Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times

We would like to ensure that every patient receives the highest quality of care, therefore we request that when booking the appointment, we are made aware of all patient requirements such as language assistance (other than English), has hearing impairment, is an assisted adult, has diabetic needs, has allergies (Ex latex) has catheter, is in or requires a wheelchair, or any other requirement.

PAIN MANAGEMENT

For all spine related procedures such as Facet, MBB, RFA, Nerve Roots and Epidural examinations:

If you are on blood thinners such as Coumadin/Warfarin/Heparin, discontinue them for 3 days prior to your scheduled exam only after consulting with your doctor. All other blood thinners only need to be discontinued for 1 day.

Then have a **"STAT" INR BLOOD TEST DONE LATE IN THE MORNING ON THE DAY BEFORE YOUR EXAM.**

We will be able to obtain the results. The results of your INR will indicate whether it is safe to have the procedure.

- Take all other medications, as prescribed by your doctor. Bring a list of the medications that you are taking.

Bring a list of medications that you are allergic to.

- If applicable, bring any joint medication (e.g. Synvisc, Doorline) that you purchased for this procedure. These products are not supplied by ACMS Ultrasound Ltd.
- (ACMS Ultrasound Ltd. does supply the cortisone).

Locations

**Hours of operation
vary by examination**

Edmonton

ACMS Ultrasound Ltd.

2419-90B St. SW.
M-F 8:30- 4:30
Saturday 8:30-12.00 pm
Ph: 780-250-1900
Fax:780-250-1901

ACMS Ultrasound Ltd.

2nd floor 10350-172 St. NW
M-F 8:30 to 4:30 pm
Ph: 780-250-1900
Fax:780-250-1901

ACMS Ultrasound Ltd

Suite #214
10807 Castle Downs Rd NW
M-F 8:30-7pm
Saturday -Closed
Sunday 11-4pm
Ph:780-456-2848
Fax:780-456-3299

ACMS Ultrasound Ltd

8225-105 St. NW
M-F 8:30-8pm
Saturday 10-2pm
Sunday Closed
Ph:780-249-3200
Fax:780-757-3200

Slave Lake

Ultrasound Exams Only

ACMS Ultrasound Ltd
608 6 St. Slave Lake
M-F 8:30-5 pm
Ph: 780-843-8888
Fax: 780-843-8889

Whitecourt

Ultrasound Exams Only

ACMS Ultrasound Ltd
5114-49 St. Whitecourt
Ph: 780-396-1212
Fax: 780-396-1111