

BOOKING PROTOCOL

- Physician office to Fax to EFW Radiology
- EFW Radiology to confirm appointment with patient

Date of Issue

DD/MM/YY

Appointment Date

DD/MM/YY

Booking **(403) 541-1200**

Fax **(403) 210-8377**

Appointment Required



Patient Information

Place patient label here

Name

Phone (Res)

Work

DOB

DD/MM/YY

☐ Male

☐ Female

Cell

Address

AHC#

City/Province

Postal Code

CLINICAL & FAMILY HISTORY

ULTRASOUND FOR:

☐ N.A.F.L.D. (Non Alcoholic Fatty Liver Disease) with SWE

☐ H.C.C. (Hepatocellular Carcinoma) Surveillance

N.A.F.L.D. (Non Alcoholic Fatty Liver Disease) with SWE

With respect to the NAFLD program:

- EFW Radiology works closely with the hepatologists in the Calgary Liver Unit.
- The information required below is important for stratification and risk assessment of patients with suspected NAFLD.
- Without the required information, EFW cannot perform the NAFLD ultrasound examination and we ask you refer to the NAFLD Primary Care Pathway at specialistlink.ca.

Required Information

Height (cm) Weight (kg) BMI

Diabetes/IGT ☐ Yes ☐ No

Lab Values Within Last Year

Albumin Platelets ALT

AST* HBA1C

* Recommended but not required

H.C.C. (Hepatocellular Carcinoma) Surveillance

Ethnicity: ☐ Asian ☐ Caucasian ☐ African Descent ☐ Other
☐ Hep B (male > age 40 and female > age 50)

Cause of Cirrhosis: (Check all that apply)

☐ Hep B ☐ Hep C ☐ ETOH ☐ PBC ☐ PSC ☐ NAFLD

☐ Alpha 1 anti-trypsin deficiency ☐ Hemachromatosis

☐ Wilson's Disease ☐ AIH (auto immune) ☐ Other _____

Cirrhosis: ☐ Yes ☐ Biopsy dx ☐ Clinical Diagnosis

☐ Fibroscan score _____

☐ Other _____

Family History of HCC: ☐ Yes

Known Benign Lesion: ☐ No ☐ Yes

Language Preference: ☐ English ☐ Cantonese

☐ Mandarin ☐ Vietnamese

REFERRING PHYSICIAN

Physician Name: Signature:

Additional report to:

Call/Fax emergency report to:

Physician Phone:

Physician Address:

☐ PLEASE SEND MORE REQUISITIONS

CLINIC LOCATIONS

LIVER PROGRAMS

Advanced Medical Imaging Centre

Suite 100, 2000 Veterans Place NW, Calgary, AB T3B 4N2
Phone: (403) 541-1200

Beddington Town Centre

Suite 200, 8120 Beddington Blvd. NW, Calgary, AB T3K 2A8
Phone: (403) 541-1200

Sunridge Clinic

Suite 130, 2851 Sunridge Blvd. NE, Calgary, AB T1Y 7B5
Phone: (403) 541-1200

Southport Atrium Clinic

A8, 10333 Southport Road SW, Calgary, AB T2W 3X6
Phone: (403) 541-1200

Seton Clinic

Suite 212, 3883 Front Street SE, Calgary, AB T3M 2J6
Phone: (403) 541-1200

Please go to efwrad.com for maps & directions

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PATIENT INSTRUCTIONS

General

Working together with the Calgary Liver Unit, the goal of EFW Radiology Liver Programs is to provide information, education and support, so you can make informed decisions.

Finding abnormalities or changes early, gives you the best chance of preventing or treating them if necessary. EFW Liver Programs are imaging reports used to aid in this process. It is important to know that no ultrasound test is 100% accurate. They are limited in their scope and not a guarantee that an abnormality or change will be identified.

- Please arrive 10 minutes in advance of your appointment time.
- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- You will be asked at EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID.
- If you do not have your card you may be asked to return for your examination.
- Please bring your requisition with you.
- Please call to cancel if unable to keep booked appointment.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.

Liver Ultrasound Patient Preparation

- Do not eat for 6 hours prior to exam.
- Clear fluids allowed. No milk or cream.

Official diagnostic imaging provider for:



EFW is a proud partner of:



SEPARATE REQUISITIONS FOR:

General Diagnostic, MRI, or Pain Management & Spine Interventional

Available as PDF downloads on our website, efwrad.com, or call (403) 717-1816

Notice: The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.