

**BOOKING PROTOCOL**

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

Booking **(403) 541-1200**  
Fax **(403) 210-8377**  
Appointment Required



Date of Issue  Appointment Date

**Patient Information** *Place patient label here*

Name \_\_\_\_\_  
DOB   Male  Female  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Res) \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_  
AHC# \_\_\_\_\_

**ULTRASOUND FOR:**

- N.A.F.L.D. (Non Alcoholic Fatty Liver Disease) with SWE  H.C.C. (Hepatocellular Carcinoma) Surveillance
- Other Chronic Liver Disease with SWE  
 Alcohol  HBV  Hemochromatosis  
 Other \_\_\_\_\_

**CLINICAL & FAMILY HISTORY**

Estimated number of alcoholic beverages per week \_\_\_\_\_

**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

**REFERRING PHYSICIAN**

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Additional report to: \_\_\_\_\_

Call/Fax emergency report to: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

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

**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

**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

**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.
- Phone 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.

**Please go to [efwrad.com](http://efwrad.com) for maps & directions**

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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](http://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.