

REQUISITION

Patient Information

Place patient label here

Date of Referral DD MM YY

Name _____
 DOB DD MM YY Male Female Non-Specified
 Address _____
 City _____ Province _____ Postal Code _____

Phone _____ Cell _____
 Email _____
 PHN# _____
 WCIB# _____

PATIENT HISTORY

Consultation & Procedure Acute < 8wks Procedure (Consultation PRN)

Imaging Completed / Dates
 X-Ray _____ Ultrasound _____ MRI _____

MEDICATIONS, ANTICOAGULATION & ALLERGIES

Medications Please Specify or Attach List _____

Anticoagulation Y N Type _____

Allergies
 X-ray contrast / Iodine Y N
 Latex Y N
 Corticosteroids Y N
 Other _____

Additional Information
 Diabetes Y N
 Pregnant Y N
 Breastfeeding Y N
 Other _____

MSK PROCEDURES

Shoulder

Subacromial Bursa L R
 Glenohumeral Joint L R
 Acromioclavicular Joint L R
 Biceps Tendon (Long Head) L R
 Rotator Cuff Lavage (Calcification) L R

Elbow

Elbow Joint L R
 Lateral Epicondyle (Extensor Tendon) L R
 Medial Epicondyle (Flexor Tendon) L R
 Olecranon Bursa L R

Wrist & Hand

Radiocarpal Joint L R
 1st CMC Joint L R
 Carpal Tunnel L R
 Trigger Finger L R
 Cyst +/- Aspiration L R

Hip & Pelvis

Hip Joint L R
 Greater Trochanteric Bursa L R
 Iliopsoas Bursa Ischial Bursa L R
 Pubic Symphysis L R

Knee

Knee Joint L R
 Bursa (Specify) _____ L R
 Baker's Cyst +/- Aspiration L R

Ankle & Foot

Tibiotalar Joint L R
 Subtalar Joint L R
 Talonavicular Joint L R
 Calcaneocuboid Joint L R
 1st MTP Joint L R
 Retrocalcaneal Bursa / Achilles Tendon L R
 Tendon Sheath (Specify) _____ L R
 Plantar Fasciitis L R

SPINAL PROCEDURES

Headache

Temporomandibular Joint L R
 C2 Ganglion 3rd Occipital Nerve L R
 Greater Occipital Nerve L R
 Botox for Chronic Migraine L R

Cervical Facets

Phase 1 C2 / C3 L R
 Facet Joint Injection C3 / C4 L R
 Phase 2 C4 / C5 L R
 Medial Branch Block C5 / C6 L R
 Phase 3 C6 / C7 L R
 RF Neurotomy C7 / T1 L R

Lumbar Facets

Phase 1 L1 / L2 L R
 Facet Joint Injection L2 / L3 L R
 Phase 2 L3 / L4 L R
 Medial Branch Block L4 / L5 L R
 Phase 3 L5 / S1 L R
 RF Neurotomy

Epidurals

Cervical Epidural Steroid Injection (Transfacet)
 Specify level or nerve _____ L R
 Lumbar Epidural Steroid Injection *
 Interlaminar Caudal
 Transforaminal Epidural Steroid Injection
 or Selective Nerve Block * L R
 Specify level or nerve _____
 * MRI recommended

SI Joint Injection Neurotomy L R
 Pars Interarticularis (Level) _____ L R
 Coccyx

NERVE PROCEDURES

Injection (Specify) _____ L R
 Neurotomy (Specify) _____ L R

JOINT NEUROTOMY

Shoulder L R
 Hip L R
 Knee L R

OTHER JOINT / TENDON / BURSA

Specify _____

INJECTION TYPE

Anaesthetic Only Corticosteroids
 Botox Tenotomy
 Synvisc Platelet Rich Plasma (PRP)
 Durolane Stem Cell Therapy
 Other _____

REFERRING PHYSICIAN

Physician name _____
 Signature _____
 Physician phone _____
 Physician address _____
 Physician stamp _____

Additional copies to _____
 Repeat Procedure Time(s) / Year

STEP 1

STEP 3

STEP 5

STEP 2

STEP 4

STEP 5

STEP 6

STEP 7

INSTRUCTIONS FOR PHYSICIANS

- We recommend you contact us for any questions regarding consultations or procedures.
- We recommend all patients be evaluated by our medical team, prior to the procedure.
- We recommend rehabilitation for all patients pre and post procedure to maximize results.
- We may modify a procedure based on history, exam, co-morbidities, anatomy, diagnostic imaging, patients' request and medications. This may require a consultation.

INSTRUCTIONS FOR PATIENTS

Important Information

- Please bring valid Alberta health card and picture ID to your appointment.
- Please inform reception about any special requests or if you are ill, pregnant, diabetic or using anti-coagulation.
- Please be advised that if you are pregnant, suspecting pregnancy or missed a menstrual cycle; the procedure will not be completed and we will have to reschedule. Consult your physician before the exam date and please notify us.
- Please arrive on time for your appointment. **Kindly wear a tank top and shorts.**
- A reminder email will be sent before your scheduled appointment.

Special Instructions

Infection and Antibiotics

If you are experiencing an illness, with or without antibiotics, we will need to reschedule your appointment for approximately 2 weeks from the time the illness resolves. This is due to the possibility that the injection(s) may worsen the infection or illness.

Pain Medications

Please do not stop your medications unless requested by our team.

Anti-Coagulation (Blood Thinners)

Please do not stop your anti-coagulation medication unless requested by our team and in consultation with your medical team or physician.

Diabetes

Please be advised, that your blood glucose may be elevated for approximately 2 weeks. Consult your physician to make appropriate adjustments to manage this.

Driving and Special Procedures

All cervical procedures, epidural injections, SI joint injections, bundle branch blocks, nerve blocks and neurotomy techniques require the patient to have transportation home with an accompanying adult. If transportation home is not available at the time of the appointment, the procedure will not be completed and we will have to reschedule.

WHAT TO EXPECT

This is an imaged-guided procedure completed for pain relief. Typically, it is both diagnostic and potentially therapeutic. We ask that you arrive on time and expect to spend up to 2 hours with our team. Please respect the needs and requirements of other patients, who may require more of our time. We will attend to you with the same care.

CANCELLATION POLICY

Please notify us at least 24 hours prior to your procedure; if you plan to reschedule or cancel. Otherwise, there will be a cancellation fee unless you can provide appropriate documentation to support your absence. This valuable time can be used by other patients.

FOLLOW-UP

Please follow-up with your referring physician and medical team to review the results.

We may request a follow-up with our team to determine the success of the procedure and need for future treatments.

ADD LOCATION TO GPS



LOCATION AND PARKING

