Insight MEDICAL IMAGING
www.x-ray.ca

Pain Management Requisition

Central Booking	Toll Free	Fax	Toll Free Fax
780-669-2222	1-866-771-9446	780-930-1593	1-855-930-1593

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-8PM, Sat-Sun: 9AM-4PM

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ M ☐ F ☐

Insurance: _____ W.C.B.( ) Other: _____

Appointment Details:

Date: _____

Time: _____

Location: _____

1 | ☐ Single injection ☐ Series injection

Number of injections (up to 4 per year) _____ MD Initials _____

2 | Injection Site

Shoulder		
☐ Subacromial Bursa	R ☐	L ☐
☐ Glenohumeral Joint	R ☐	L ☐
☐ Acromioclavicular Joint	R ☐	L ☐
☐ Biceps Tendon (long head)	R ☐	L ☐
☐ Barbotage	R ☐	L ☐
Elbow		
☐ Elbow Joint	R ☐	L ☐
☐ Lateral Epicondylitis	R ☐	L ☐
☐ Medial Epicondylitis	R ☐	L ☐
☐ Olecranon Bursa	R ☐	L ☐
Wrist/Hand		
☐ Radiocarpal Joint	R ☐	L ☐
☐ 1st CMC Joint	R ☐	L ☐
☐ Trigger Finger	R ☐	L ☐
☐ De Quervain's Tenosynovitis	R ☐	L ☐
☐ Ganglion Cyst Aspiration	R ☐	L ☐
☐ Carpal Tunnel	R ☐	L ☐
☐ Specify: _____		
Knee		
☐ Knee Joint	R ☐	L ☐
☐ Pes Anserine Bursa	R ☐	L ☐
☐ Baker Cyst Aspiration	R ☐	L ☐
☐ Specify: _____		
☐ TMJ	R ☐	L ☐
☐ Greater Occipital Nerve	R ☐	L ☐
☐ Other		

Hip/Pelvis		
☐ Hip Joint	R ☐	L ☐
☐ SI Joint	R ☐	L ☐
☐ Greater Trochanteric Bursa	R ☐	L ☐
☐ Iliopsoas Bursa	R ☐	L ☐
☐ Ischial Bursa	R ☐	L ☐
☐ Coccyx	R ☐	L ☐
☐ Piriformis Syndrome	R ☐	L ☐
☐ Ganglion Impar	R ☐	L ☐
☐ Pubic Symphysis	R ☐	L ☐
☐ Sacral Transverse Joint	R ☐	L ☐
Ankle/Foot		
☐ Tibiotalar Joint	R ☐	L ☐
☐ Subtalar Joint	R ☐	L ☐
☐ Talonavicular Joint	R ☐	L ☐
☐ Calcaneocuboid Joint	R ☐	L ☐
☐ 1st MTP Joint	R ☐	L ☐
☐ Retrocalcaneal Bursa	R ☐	L ☐
☐ Plantar Fasciitis	R ☐	L ☐
☐ Morton's Neuroma	R ☐	L ☐
☐ Specify: _____		

Steroid injection performed unless otherwise indicated

☐ Viscosupplementation (Hyaluronic Acid):

_____

_____

*Can be supplied by Insight (Fees applicable)

Spinal Procedures

☐ Facets ☐ Nerve Root Block
☐ Medial Branch Block ☐ Sympathetic Block
☐ Radiofrequency Ablation ☐ Synovial Cyst Rupture

Cervical

R		L	R		L
☐	C2/C3	☐	☐	C2	☐
☐	C3/C4	☐	☐	C3	☐
☐	C4/C5	☐	☐	C4	☐
☐	C5/C6	☐	☐	C5	☐
☐	C6/C7	☐	☐	C6	☐
☐	C7/C8	☐	☐	C7	☐
			☐	C8	☐

Thoracic

R		L	R		L
☐	T1/T2	☐	☐	T1	☐
☐	T2/T3	☐	☐	T2	☐
☐	T3/T4	☐	☐	T3	☐
☐	T4/T5	☐	☐	T4	☐
☐	T5/T6	☐	☐	T5	☐
☐	T6/T7	☐	☐	T6	☐
☐	T7/T8	☐	☐	T7	☐
☐	T8/T9	☐	☐	T8	☐
☐	T9/T10	☐	☐	T9	☐
☐	T10/T11	☐	☐	T10	☐
☐	T11/T12	☐	☐	T11	☐
☐	T12/L1	☐	☐	T12	☐

Lumbar

R		L	R		L
☐	L1/L2	☐	☐	L1	☐
☐	L2/L3	☐	☐	L2	☐
☐	L3/L4	☐	☐	L3	☐
☐	L4/L5	☐	☐	L4	☐
☐	L5/S1	☐	☐	L5	☐
☐	S1	☐	☐	S1	☐

Lumbar Epidural ☐ Caudal ESI ☐ Interlaminar

3 | Allergies and Medication

_____

_____

4 | Relevant Information

_____

_____

Pregnant? ☐ Yes ☐ No LMP: _____ Diabetic ☐ Yes ☐ No

5 | Referring Physician's Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____

Physician's Stamp & Practice ID

☐ **URGENT** **STAT FAX REPORT** (until 4 pm, M-F)

☐ Copy To: Name: _____

Phone: _____

Fax: _____

FREE PARKING ALL SITES

*** ALL EXAMINATIONS ***

Remember to bring the Imaging Requisition plus your Alberta Health Card and photo ID. If you are unable to keep your appointment, please phone 780-669-2222 to reschedule it *(There is no facility to look after small children.)*

PATIENT INSTRUCTIONS

- Continue all medications and your usual diet both before and after the procedure.
- If you have an active infection your procedure will have to be rescheduled and you must notify our office **(780-669-2222).**
- If you are having special joint medication injected such as Synvisc, please check with Central Booking for cost of our Synvisc versus pharmacy. Cortisone and other medications are supplied by Insight.
- Please be advised, depending on your procedure, you may require a driver. When scheduling your appointment our booking agents will provide you with further instructions.
- Joint injections may take up to 30 minutes or longer to perform, depending on the injection site.
- You will be required to stay in the clinic for 15 minutes after the procedure to monitor your response to the injection.
- You should refrain from strenuous activity for at least a day after the injection. Also avoid hot tubs, swimming pools or prolonged bathing for the next 24 hours.
- You should also keep a record of your pain level on the accompanying pain diary (located on the right).

PATIENT DIARY

Please record the following information as accurately as possible. This will help your doctor determine how successful the treatment was.

PAIN RECORD

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Imaginable

Site Injected: _____

Injection Date: _____

Injection Time: _____

PRE-INJECTION PAIN SCORE

Record your pain score at each of the following times below after your injection.

10 minutes:
Time: _____
Score: _____

2 Hours:
Time: _____
Score: _____

Day 1:
Time: _____
Score: _____

Day 2:
Time: _____
Score: _____

Day 3:
Time: _____
Score: _____

Day 7:
Time: _____
Score:

- If necessary, pain medication such as Tylenol or Advil can be used for discomfort after the injection (if you have no contraindications to these medications).
- Serious complications after joint injections are rare, but can occur. If you experience worsening pain over the next several days, fever and chills, other signs of infection or new numbness please contact your doctor or proceed to an emergency department.

PAIN MANAGEMENT LOCATIONS

OLIVER SQUARE
11560 - 104 Avenue T5K 2S5
Ph: 780-486-8102 | F: 780-638-6241

HERITAGE SOUTH
2049 - 111 Street NW T6J 4V9
Ph: 780-438-0547 | F: 780-438-9211

SPRUCE GROVE
107, 505 Queen Street T7X 2V2
Ph: 780-962-0297 | F: 780-962-8084

MEADOWLARK
216 Meadowlark Health Centre
156 Street - 89 Avenue T5R 5W9
Ph: 780-489-8430 | F: 780-481-6630

MILLWOODS
Main Street Mall
6466 - 28 Avenue NW T6L 6N3
Ph: 780-486-8103 | F: 780-638-6532

CASTLEDOWNS
15309 Castle Downs Road T5X 6C3
Ph: 780-457-4070 | F: 780-456-1250

LEDUC
5307 - 50 Avenue T9E 6T2
Ph: 780-486-8104 | F: 780-638-6533

HERMITAGE NORTH
12779 - 50 Street T5A 4L8
Ph: 780-475-1866 | F: 780-478-0858

SHERWOOD PARK
136 Athabascan Avenue T8A 4E3
NE corner of Athabascan and Chippewa
Ph: 780-464-1515 | F: 780-464-1216

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