

Central Booking
780-669-2222

Toll Free
1-866-771-9446

Fax
780-930-1593

Toll Free Fax
1-855-930-1593

Online
x-ray.ca/book-an-appointment

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-7PM, Sat: 9AM-4PM, Sun: Closed

Name: _____
Address: _____
Phone: _____ DOB: _____ MM/DD/YYYY Male ☐ Female ☐ Non-Binary ☐
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 ☐

Other

☐ TMJ R ☐ L ☐
☐ Greater Occipital Nerve R ☐ L ☐
☐ Sphenopalatine Block
☐ Other _____

Hip/Pelvis

☐ Hip Joint R ☐ L ☐
☐ SI Joint R ☐ L ☐
☐ Greater Trochanteric Bursa R ☐ L ☐
☐ Iliopsoas Bursa R ☐ L ☐
☐ Ischial Bursa R ☐ L ☐
☐ Piriformis Syndrome R ☐ L ☐
☐ Sacral Transverse Joint R ☐ L ☐
☐ Sacrococcygeal Joint
☐ Ganglion Impar
☐ Pubic Symphysis
☐ Pudendal Nerve

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* *Available at Insight at cost
Hyaluronic acid/Synvisc - large joints,
Durolane - small joints, Durolane - large joints

☐ Platelet-Rich Plasma (PRP)* *Fee for service

Spinal Procedures

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

Cervical

R	<input type="checkbox"/> C2/C3	<input type="checkbox"/>	R	<input type="checkbox"/> C2	<input type="checkbox"/>
	<input type="checkbox"/> C3/C4	<input type="checkbox"/>		<input type="checkbox"/> C3	<input type="checkbox"/>
	<input type="checkbox"/> C4/C5	<input type="checkbox"/>		<input type="checkbox"/> C4	<input type="checkbox"/>
L	<input type="checkbox"/> C5/C6	<input type="checkbox"/>	L	<input type="checkbox"/> C5	<input type="checkbox"/>
	<input type="checkbox"/> C6/C7	<input type="checkbox"/>		<input type="checkbox"/> C6	<input type="checkbox"/>
	<input type="checkbox"/> C7/T1	<input type="checkbox"/>		<input type="checkbox"/> C7	<input type="checkbox"/>
				<input type="checkbox"/> C8	<input type="checkbox"/>

Thoracic

*Facets Only			*Facets Only		
R	<input type="checkbox"/> T1/T2	<input type="checkbox"/>	R	<input type="checkbox"/> T7/T8	<input type="checkbox"/>
	<input type="checkbox"/> T2/T3	<input type="checkbox"/>		<input type="checkbox"/> T8/T9	<input type="checkbox"/>
	<input type="checkbox"/> T3/T4	<input type="checkbox"/>		<input type="checkbox"/> T9/T10	<input type="checkbox"/>
L	<input type="checkbox"/> T4/T5	<input type="checkbox"/>	L	<input type="checkbox"/> T10/T11	<input type="checkbox"/>
	<input type="checkbox"/> T5/T6	<input type="checkbox"/>		<input type="checkbox"/> T11/T12	<input type="checkbox"/>
	<input type="checkbox"/> T6/T7	<input type="checkbox"/>		<input type="checkbox"/> T12/L1	<input type="checkbox"/>

Lumbar

R	<input type="checkbox"/> L1/L2	<input type="checkbox"/>	R	<input type="checkbox"/> L1	<input type="checkbox"/>
	<input type="checkbox"/> L2/L3	<input type="checkbox"/>		<input type="checkbox"/> L2	<input type="checkbox"/>
	<input type="checkbox"/> L3/L4	<input type="checkbox"/>		<input type="checkbox"/> L3	<input type="checkbox"/>
L	<input type="checkbox"/> L4/L5	<input type="checkbox"/>	L	<input type="checkbox"/> L4	<input type="checkbox"/>
	<input type="checkbox"/> L5/S1	<input type="checkbox"/>		<input type="checkbox"/> L5	<input type="checkbox"/>
				<input type="checkbox"/> S1	<input type="checkbox"/>

Lumbar Epidural ☐ Interlaminar ☐ Caudal

Cervical Epidural ☐ Interlaminar

3 Allergies and Medication

4 Relevant History

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

5 Referring Physician's Information

Name: _____
Address: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____

Physician's Stamp
& Practice ID

REV 06/2022

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

☐ Copy To: Name: _____
Phone: _____
Fax: _____

FREE PARKING AT 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).
- Please be advised, depending on your procedure, you may require a driver. When scheduling your appointment our Patient Care Coordinator 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: _____

Day 2:

Time: _____

Score: _____

2 Hours:

Time: _____

Score: _____

Day 3:

Time: _____

Score: _____

Day 1:

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

Unity Square

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

Meadowlark

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

Castledowns

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

Hermitage North

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

Heritage South

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

Millwoods

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

Leduc

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

Sherwood Park

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

Spruce Grove

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



Please phone 780-669-2222 to schedule your appointment

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