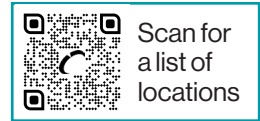




Pain Management Requisition

ALL REQUISITIONS ACCEPTED

We cannot perform an exam without your requisition



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-6:45PM, Sat: 9AM-4PM, Sun: Closed

Name: _____ PHN: _____

Address: _____

Phone: _____ DOB: _____ MM/DD/YY Male Female Non-Binary

W.C.B. (Y/N) WCB#: _____ Other: _____

Appointment Details:

Date: _____

Time: _____

Location: _____

1. Single injection Series injection Number of injections (up to 4 per year) _____ MD Initials _____
- Radiologist consult to assist in selecting appropriate treatment

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
- Shoulder (not specified) 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
- with radiologist consult and knee joint injection at the discretion of the radiologist.

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
Large joints - Durolane, Monovisc, Cingal
Small joints - Orthovisc
- SportVis - (tendon and ligament)*
- Platelet-Rich Plasma (PRP)* *Fee for service

Spinal Procedures

- Facets
- Medial Branch Block
- Radiofrequency Ablation
- Intradiscal (lumbar only)
- Nerve Root Block
- Sympathetic Block
- Synovial Cyst Rupture

Cervical

- | | | | |
|----------------------------------|----------------------------|-------------------------------|----------------------------|
| <input type="checkbox"/> C2/C3 | <input type="checkbox"/> | <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"/> |
| R <input type="checkbox"/> C5/C6 | L <input type="checkbox"/> | R <input type="checkbox"/> C5 | L <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

- | | | | |
|----------------------------------|----------------------------|------------------------------------|----------------------------|
| <small>*Facets Only</small> | | <small>*Facets Only</small> | |
| <input type="checkbox"/> T1/T2 | <input type="checkbox"/> | <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"/> |
| R <input type="checkbox"/> T4/T5 | L <input type="checkbox"/> | R <input type="checkbox"/> T10/T11 | L <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

- | | | | |
|----------------------------------|----------------------------|-------------------------------|----------------------------|
| <input type="checkbox"/> L1/L2 | <input type="checkbox"/> | <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"/> |
| R <input type="checkbox"/> L4/L5 | L <input type="checkbox"/> | R <input type="checkbox"/> L4 | L <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

URGENT Fax Report (Until 4pm M-F)

Copy To: Name: _____

Phone: _____

Fax: _____

ALL REQUISITIONS ACCEPTED

****Important For All Exams****

Remember to bring the Imaging Requisition plus your Health Care Card and photo ID.
If you are unable to keep your appointment, and need to reschedule, please phone the clinic directly.
(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).
- 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.

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: _____

WALK-INS AVAILABLE

Pain Management Locations

Castledowns

15309 Castledowns Road T5X 6C3
Tel: 780-457-4070 | Fax: 780-456-1250

The Grange

2460 Guardian Road T5T 1K8
Tel: 780-486-8132 | Fax: 780-486-8131

Harvest Pointe

120 Watt Common SW T6X 1X2
Tel: 780-486-7954 | Fax: 780-486-7956

Heritage

2049 - 111 Street T6J 4V9
Tel: 780-438-0547 | Fax: 780-438-9211

Hermitage

12779 - 50 Street T5A 4L8
Tel: 780-475-1866 | Fax: 780-478-0858

Meadowlark Pain Management

216 Meadowlark Shopping Centre
156 Street 89 Avenue T5R 5W9
Tel: 780-489-5313 ext.3006
Fax: 780-638-6244

Millwoods

6466 - 28 Avenue T6L 6N3
Tel: 780-486-8103 | Fax: 780-638-6532

Unity Square

11560 - 104 Avenue T5K 2S5
Tel: 780-486-8102 | Fax: 780-638-6241

West End

B1, 9509 - 156 Street T5P 4J5
Tel: 780-483-3422 | Fax: 780-484-0500

Windermere

17340 Hiller Road SW T6W 4H3
Tel: 780-762-4740 | Fax: 780-762-4741

Leduc

5307 - 50 Avenue T9E 6T2
Tel: 780-486-8104 | Fax: 780-638-6533

Sherwood Park

New Location!

25 - 100 Broadview Drive T8H 0T5
Tel: 780-464-1515 | Fax: 780-464-1216

Spruce Grove

107 - 505 Queen Street T7X 2V2
Tel: 780-962-0297 | Fax: 780-962-8084

St. Albert

110, 75 Neil Ross Road T8T 1R8
Tel: 780-438-3802 | Fax: 780-438-3794

Please phone 780-669-2222
to schedule your appointment