



Name: _____

Address: _____

Phone Res: _____ Other: _____

Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female

Insurance #: _____ WCB (Y / N) Other: _____

Appointment Details

Date: _____

Time: _____

Clinic Location: _____

Refer to Preparation Instructions on Reverse

ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

Locations

Hours of operation vary by examination

Edmonton

Hys Medical Centre
202-11010 101 ST NW
Tawa Centre
200-3017 66 ST NW

College Plaza

7th Flr-8215 112 ST NW
Century Park
201-2377 111 ST NW

Terra Rosa

9566 170 ST NW

Windermere

201-6103 Currents DR NW

St. Albert

Summit Centre

102-200 Boudreau RD

Sherwood Park

Synergy Wellness Centre

109-501 Bethel DR

Significant Clinical History

Date of L.M.P: _____

Patient's Signature: _____

Referring Physician Standing Order _____ Number of visits (limit 4 injections per year) **Physician Initials** _____

Radiologist Consult

The most appropriate test/procedure will be booked based on the history provided by the referrer. Further exams will be booked if indicated, following the initial test. **Physicians Initials** _____

Spine Interventions

may require further imaging and/or consultation which will be arranged on your behalf.

Specify procedure and then check appropriate level below.

Facet/MBB/RFA

- Facet(s)
- MBB
- RFA

Nerve Root/ Epidural

- Nerve Root Block
- Epidural (Lumbar)

R	<input checked="" type="radio"/>	L	R	<input checked="" type="radio"/>	L
<input type="radio"/> C2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C2	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C3	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C4	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C5/6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C5	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C6/7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C6	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C7/T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C7	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C8	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T1/2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T1	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T2	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T3	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T4	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T5/6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T5	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T6/7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T6	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T7/8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T7	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T8/9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T8	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T9/10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T9	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T10/11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T10	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T11/12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T11	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T12/L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> T12	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L1/2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L1	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L2	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L3	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L4	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L5/S1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L5	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> SI Joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> S1	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> S2	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> S3	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Piriformis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Coccydynia (ganglion impar)	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Caudal epidural	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lumbosacral pseudoarticulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Synovial Cyst Rupture	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Pudendal Nerve Block	<input type="radio"/>	<input type="radio"/>

Hip and Pelvis

R L

- Hip Joint
- Greater Trochanteric Bursa
- Iliopsoas Bursa
- Ischial Bursa
- Piriformis
- SI Joint
- Symphysis Pubis

Shoulder

R L

- Glenohumeral Joint
- Subacromial Bursa
- AC Joint
- Biceps Tendon (long head)
- Calcific Tendinosis
- Arthrodistraction
- Sternoclavicular Joint

Elbow

R L

- Elbow Joint
- Olecranon Bursa
- Medial Epicondyle
- Lateral Epicondyle

Wrist and Hand

R L

- Radiocarpal Joint
- 1st CMC/ MCP: 1 2 3 4 5 (Circle)
- PIP/DIP: 1 2 3 4 5 (Circle)
- Trigger Finger: 1 2 3 4 5 (Circle)
- De Quervain's tenosynovitis
- Ganglion Cyst
- Carpal Tunnel
- Dupuytren's Release

Other

R L

- Ganglion
- Barbotage
- Peripheral Nerve
- Tenotomy
- Tendon Sheath
- (Please Specify) _____

Knee

R L

- Knee Joint
- Baker's Cyst
- IT Band
- Pes Anserine Bursa

Ankle and Foot

R L

- Tibiotalar Joint
- Subtalar Joint
- Calcaneocuboid Joint
- Talonavicular Joint
- TMT/ MTP: 1 2 3 4 5 (Circle)
- Morton's Neuroma
- Plantar Fascia
- Achilles Tendon (see reverse)
- Retrocalcaneal Bursa
- Other: _____

(All procedures covered by Alberta Health Care)

Practitioner's Name: _____

Practitioner's Address: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Official Diagnostic Imaging Provider for:

Physician's Stamp & Practice ID



ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

If you have any questions about your exam, exam preparation, or need to change, or cancel your appointment, please contact Central Booking.

Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee

***For all examinations (except ultrasound): If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.**

Pain Management

- Please arrive 15-20 minutes prior to your appointment time.
- Reduce any pain medication the day of the appointment. You should be in enough discomfort (but not extreme) so that you are able to determine if the pain has been relieved immediately following your injection.
- For all Spine related procedures such as Facet, MBB, RFA, Nerve Roots and Epidural examinations: If you are on blood thinners such as Coumadin/Warfarin/Heparin, discontinue them for 3 days prior to your scheduled exam only after consulting with your doctor. All other blood thinners only need to be discontinued for 1 day. Then have a **"STAT" INR blood test done late in the morning on the day before your exam**. We will be able to obtain the results. The results of your INR will indicate whether it is safe to have the procedure. You should check with your doctor to see if it is safe to stop taking your blood thinners for this short time. Your doctor must order the blood test for you.
- Take all other medications, as prescribed by your doctor. Bring a list of the medications that you are taking.
- Bring a list of medications that you are allergic to.
- You cannot have an active infection or be on treatment for an active infection on the day of your exam.
- If applicable, bring any joint medication (e.g. Synvisc, Durolane) that you have purchased for this procedure. These products are not supplied by MIC (MIC does provide cortisone).
- Once the procedure is completed, a technologist will ask that you wait for 20 minutes so we can re-evaluate your pain level before you leave.
- A driver is required for the following:**
 1. When you are having a Nerve Root Block or Epidural Injection
 2. When you are having more than one site injected on the same day.
- Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs the day after your injection, contact your doctor immediately.
- Please do not bring children who require supervision, as we are unable to look after them.

Patients having **ACHILLES PROCEDURE:**

1. You will need to be non-weight bearing after procedure.
2. You will require a walking boot for 2 weeks after procedure. Patient to bring walking boot to their appointment.

Locations

*Hours of operation
vary by examination*

Edmonton

Hys Medical Centre
202-11010 101 ST NW
Fax: 780.424.7780

Tawa Centre

200-3017 66 ST NW
Fax: 780.461.7527

College Plaza

7th Flr-8215 112 ST NW
Fax: 780.439.9977

Century Park

201-2377 111 ST NW
Fax: 780.461.8524

Terra Losa

9566 170 ST NW
Fax: 1.877.543.8044

Windermere

201-6103 Currents DRNW
Fax: 1.888.442.2136

St. Albert

Summit Centre

102-200 Boudreau RD
Fax: 780.459.2376

Sherwood Park

Synergy Wellness Centre

109-501 Bethel DR
Fax: 780.392.1268