MEDICAL IMAGING

PAIN MANAGEMENT
REQUISITION

Central Booking
Ph 780.450.1500 Toll Free 1.800.355.1755
Fax 780.450.9551 | mic.ca

CONSUMER CHOICE AWARD 2019 NORTHERN ALBERTA 8 YEAR WINNER

Name: _____

Address: _____

Phone Res: _____ Other: _____

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

PHN: _____ WCB (Y / N) Other: _____

Appointment Details
Date: _____

Time: _____

Clinic Location: _____

Refer to Preparation Instructions on Reverse

ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

Locations
Hours of operation vary by examination

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

Gateway Clinic
107-6925 Gateway Blvd.
Hys Medical Centre
202-11010 101 ST NW

Tawa Centre
200-3017 66 ST NW
Terra Losa
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: _____

Pregnant: ◯ Yes ◯ No

Patient's Signature: _____

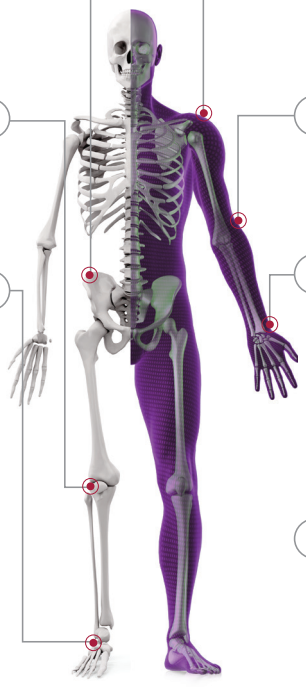
Referring Practitioner
☐ Standing Order **Practitioner's Initials**

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. **Practitioner's Initials**_____

Hip and Pelvis
	R	L
Hip Joint	☐	☐
Greater Trochanteric Bursa	☐	☐
Iliopsoas Bursa	☐	☐
Ischial Bursa	☐	☐
Piriformis	☐	☐
SI Joint	☐	☐
Symphysis Pubis	☐	

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:	☐	☐



Shoulder
	R	L
Glenohumeral Joint	☐	☐
Subacromial Bursa	☐	☐
AC Joint	☐	☐
Biceps Tendon *(long head)*	☐	☐
Calcific Tendinosis *(barbotage)*	☐	☐
Arthrodilatation *(frozen shoulder)*	☐	☐
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 Contracture Release	☐	☐

Other
	R	L
Ganglion	☐	☐
Barbotage *(calcific tendinosis)*	☐	☐
Peripheral Nerve	☐	☐
Tenotomy	☐	☐
Tendon Sheath	☐	☐
(Please Specify)		

Corticosteroid injection performed unless otherwise indicated

☐ Viscosupplementation (Hyaluronic Acid) available from MIC at cost

Spine Interventions
May require further imaging and/or consultation which will be arranged on your behalf.

Specify procedure and then check appropriate level below.

Mechanical/Focal Pain
- ☐ Facet(s)
- ☐ MBB *(diagnostic test only)*
- ☐ RFA (Neurotomy or Rhizotomy) **will undergo MBB first*

Radicular Pathway
- ☐ Nerve Root Block (TFESI - Transforminal Epidural Steroid Injection)

R	L		R	L
☐ C2/3	☐		☐ C2	☐
☐ C3/4	☐		☐ C3	☐
☐ C4/5	☐		☐ C4	☐
☐ C5/6	☐		☐ C5	☐
☐ C6/7	☐		☐ C6	☐
☐ C7/T1	☐		☐ C7	☐
			☐ C8	☐
☐ T1/2	☐		☐ T1	☐
☐ T2/3	☐		☐ T2	☐
☐ T3/4	☐		☐ T3	☐
☐ T4/5	☐		☐ T4	☐
☐ T5/6	☐		☐ T5	☐
☐ T6/7	☐		☐ T6	☐
☐ T7/8	☐		☐ T7	☐
☐ T8/9	☐		☐ T8	☐
☐ T9/10	☐		☐ T9	☐
☐ T10/11	☐		☐ T10	☐
☐ T11/12	☐		☐ T11	☐
☐ T12/L1	☐		☐ T12	☐
☐ L1/2	☐		☐ L1	☐
☐ L2/3	☐		☐ L2	☐
☐ L3/4	☐		☐ L3	☐
☐ L4/5	☐		☐ L4	☐
☐ L5/S1	☐		☐ L5	☐
SI Joint ☐ R ☐ L			☐ S1	☐
			☐ S2	☐

- ☐ Interlaminar epidural
- ☐ Caudal epidural
- ☐ Coccydynia *(ganglion impar)*
- Piriformis ☐ R ☐ L
- ☐ R ☐ L Lumbosacral pseudoarticulation
- ☐ R ☐ L Synovial Cyst Rupture
- ☐ R ☐ L Pudendal Nerve Block

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____ Date: _____

Practitioner's Stamp & Practice ID

Official Diagnostic Imaging Provider for:

REVISED 06/19

MEDICAL IMAGING

EXAM PREPARATION

Central Booking
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Fax 780.450.9551 | mic.ca

ALL EXAMINATIONS Please bring your Health Care 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 your appointment. You should be in enough discomfort (but not extreme) so you are able to determine if the pain has been relieved immediately following your injection.
- If you are on blood thinner medications, you may need to discontinue them prior to your appointment. Please inform us of any blood thinning medication you are taking when booking your appointment.
- Take all other medications, as prescribed by your practitioner. Bring a list of the medications you are taking.
- Bring a list of medications 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, Cingal, etc.) you have purchased for this procedure. These products are not supplied by MIC. MIC provides cortisone at no charge to patients. Viscosupplementation is available from MIC at cost.
- 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, Epidural Injection, MBB or RFA.
  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 practitioner 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 the procedure.**
2. **You will require a walking boot for 2 weeks after the procedure. Patient to bring a walking boot to their appointment.**

Locations

Hours of operation vary by examination

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201-2377 111 ST NW
Fax: 780.461.8524
College Plaza
7th Flr-8215 112 ST NW
Fax: 780.439.9977

Gateway Clinic
107-6925 Gateway Blvd NW
Fax: 1.866.815.1715
Hys Medical Centre
202-11010 101 ST NW
Fax: 780.424.7780

Tawa Centre
200-3017 66 ST NW
Fax: 780.461.7527
Terra Losa
9566 170 ST NW
Fax: 1.877.543.8044
Windermere
201-6103 Currents DR NW
Fax: 1.888.442.2136

Sherwood Park
Synergy Wellness Centre
109-501 Bethel DR
Fax: 780.392.1268

St. Albert
Summit Centre
102-200 Boudreau RD
Fax: 780.459.2376