

Please bring this requisition form & Health Care Card to your exam

- Arrive 15 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from wearing scented products
- Please bring an adult to supervise children under the age of 12

Locations

To book an appointment, please call **780.341.6000** toll free **1.877.420.4CDC (4232)**
fax this form to **1.877.919.3291**, email this form to **appointments@CanadaDiagnostics.ca**,
or request an appointment at **CanadaDiagnostics.ca**

Mira

103-11910 111 Ave NW
Phone: 780.452.9711
Fax: 780.452.3451

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

North Town

134-9450 137 Ave NW
Phone: 780.478.7221
Fax: 780.475.1860

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

Sherwood Park

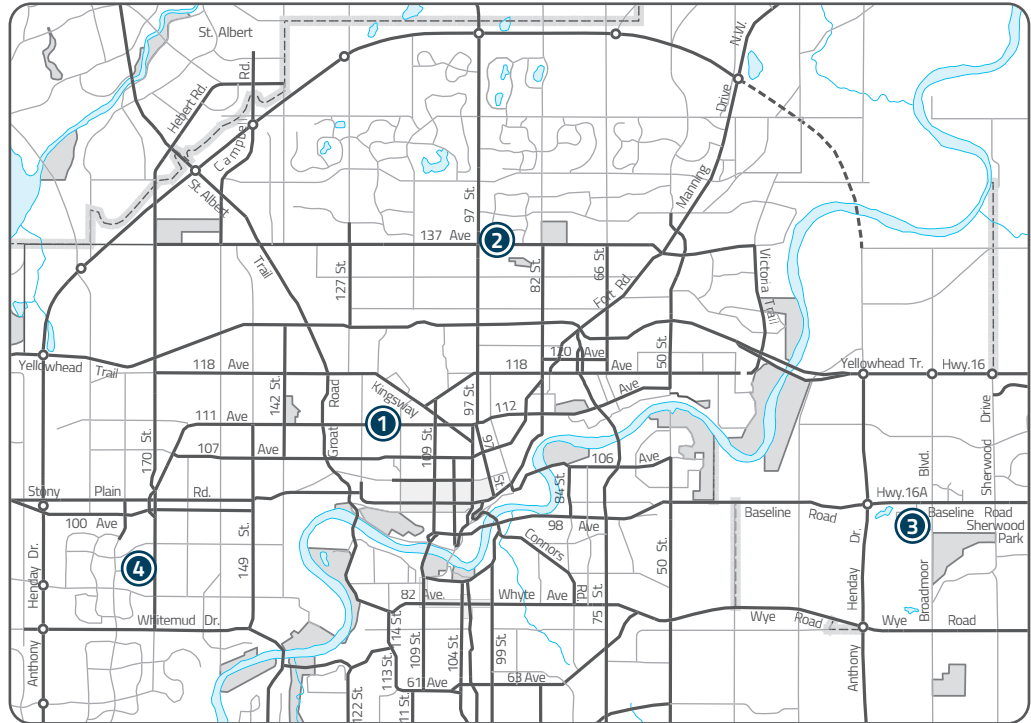
114-80 Chippewa Rd
Phone: 780.467.2773
Fax: 780.467.2982

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry

Westgate

172-17010 90 Ave NW
Phone: 780.484.1672
Fax: 780.484.2982

Pain Management
Walk in X-ray
Ultrasound
Mammography
GI Studies
Bone Mineral Densitometry



Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

- Continue to take all regular medications as prescribed by your doctor.
- **However, be aware that your doctor may need to prescribe medication changes prior to your procedure if you are on blood thinners. You must inform us of any blood thinner medications you are taking at the time of booking.**
- DO NOT chew gum or drink carbonated beverages on the day of your spine or lower back procedure as this may interfere with image quality due to excess bowel gas.
- If possible, do not take any extra pain medications on the day of your exam. This allows us to better assess your response to our treatment.
- If your doctor has prescribed a medication for us to inject, please call us as we can likely provide it to you directly.
- Once treatment is complete, a technologist will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level. Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.
- All procedures have the potential to affect your ability to operate a motor vehicle. Canada Diagnostic Centres recommends that you arrange transportation to and from the exam.
- Serious complications are extremely rare but can happen. It may be normal to experience some mildly increased pain and discomfort the day after your procedure. However, if you suffer steadily worsening pain, experience fever/chills or any other sign of infection, develop new numbness or weakening in your limbs, or lose normal bladder/bowel control contact your doctor immediately. If your doctor is not available, please proceed directly to the nearest hospital Emergency Department. Failure to do so may result in permanent disability.
- Gowns are provided for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that your clothing could be accidentally stained by disinfectant.

Special instructions for your nerve root block or epidural

- You must always be accompanied by an adult throughout your appointment. You must arrange for transportation to and from your appointment. Failure to comply with the instructions above will result in your appointment being rescheduled.

Patient & Appointment Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Other Phone _____

DOB DD/MM/YY Male Female Weight _____ [lbs / kg]

AHC# _____ WCB#/Accident Date _____ DD/MM/YY

Appt. Date	Time	CDC Site

STEP 1 Clinical History

STEP 2 Allergies

Latex X-ray Contrast / Dye Other

Medication

Anticoagulation ASA Other

STEP 3 Repeat

Repeat all Instructions No. of Times MD Initials

STEP 4 Peripheral Procedures

Therapy Choice

All can be supplied by CDC

Steroid Monovisc**/Orthovisc**
 Percutaneous Needle Tenotomy

Shoulder

- Shoulder (not specified) R L
- Subacromial Bursa R L
- Glenohumeral Joint R L
- AC Joint R L
- Biceps Tendon (long head) R L
- Tendon Calcification R L

Knee

- Knee Joint R L
- Baker's Cyst R L
- Pes Anserine Bursa R L

Elbow

- Elbow Joint R L
- Lateral Epicondylitis R L
- Medial Epicondylitis R L
- Olecranon Bursa R L

Other Joint / Tendon / Bursa

Hip & Pelvis

- Hip Joint R L
- Greater Trochanteric Bursa R L
- Iliopsoas Bursa R L
- Ischial Bursa R L
- Piriformis Syndrome R L
- Symphysis Pubis

Wrist & Hand

- Radiocarpal Joint R L
- 1st CMC Joint R L
- Carpal Tunnel R L
- DeQuervain's Tenosynovitis R L
- Trigger Finger R L
- Ganglion Cyst R L

Ankle & Foot

- Ankle Joint R L
- 1st MTP Joint R L
- Achilles Tendon (PNT) R L
- Plantar Fascia R L
- Ganglion Cyst R L
- Morton's Neuroma R L

Physician

Referring Physician _____

Clinic _____

Phone _____

Fax _____

Copy to Dr. _____

Fax Copy to Dr. _____

PRAC ID _____ Signature _____

Locations

Mira	103-11910 111 Ave NW Tel: 780.452.9711	Edmonton, AB Fax: 780.452.3451
North Town	134-9450 137 Ave NW Tel: 780.478.7221	Edmonton, AB Fax: 780.475.1860
Sherwood Park	114-80 Chippewa Rd Tel: 780.467.2773	Sherwood Park, AB Fax: 780.467.2982
Westgate	172-17010 90 Ave NW Tel: 780.484.1672	Edmonton, AB Fax: 780.484.2982

STEP 4 Spinal Procedures

Lumbar Facets

Facet Joint Injection

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

SI Joint Injection

R L

Coccyx

NEW

Lumbar Epidural Steroid Injection

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

NEW

Lumbar Selective Nerve Root Block

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

NEW

Caudal ESI