

Patient & Appointment Information

Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Other Phone _____
DOB Male Female Weight _____ [lbs / kg]
AHC# _____ WCB#/Accident Date _____ DD/MM/YY

Appt. Date	Time	CDC Site
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Westgate 172-1701090 Ave NW Edmonton, AB Tel: 780.484.1672 Fax: 780.484.2982
North Town 134-9450 137 Ave NW Edmonton, AB Tel: 780.478.7221 Fax: 780.475.1860

Medication

- Anticoagulation (Warfarin, Coumadin, Plavix®, Heparin, Pradaxa)
- Aspirin/ASA
- Other

Allergies

- Latex
- X-ray Contrast / Dye
- Other

Peripheral Procedures

Shoulder

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

Hip & Pelvis

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

Elbow

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

Knee

- Knee Joint R L
- Baker's Cyst (U/S Guided)
- Pes Anserine Bursa R L

Wrist & Hand

- Radiocarpal Joint R L
- 1st CMC Joint R L
- Carpal Tunnel R L
- DeQuervan's Tenosynovitis R L
- Trigger Finger R L
- Ganglion Cyst (ultrasound guided) R L
- Fingers/Joints Specify Area _____

Ankle & Foot

- Ankle Joint R L
- Subtalar Joint R L
- 1st MTP Joint R L
- Plantar Fascia R L
- Ganglion Cyst (U/S Guided) R L
- Toes R L

Other Joint / Tendon / Bursa

- Aspirations Specify Area _____
- Other Specify Area _____

Physician

Referring Physician _____
Phone _____
Fax _____
Copy to Dr. _____
Fax Copy to Dr. _____

Spinal Procedures

Facet Joint

- Stage 1:
Facet Injection L1 / L2 R L
- L2 / L3 R L
- L3 / L4 R L
- L4 / L5 R L
- L5 / S1 R L

- SI Joint R L

- Coccyx

Clinical History

Repeats for Procedure(s)

Repeat all Instructions
No. of Times MD Initials

NOTE: All procedures are covered by Alberta Health Care. Procedure availability varies by CDC site.

Please ensure that you bring this requisiton form to your exam

- Please arrive 15 minutes prior to your exam unless notified otherwise
- Please bring your Alberta Health Care Card
- Please bring an adult to supervise children under the age of 12



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- 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 applicable, bring any steroid or joint medication (eg. Synvisc, Durolane) prescribed by your doctor for the procedure.
- 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 accidently stained by disinfectant.

Locations

Edmonton

Westgate

Tel: 780.484.1672
Fax: 780.484.2982
Booking: 1.877.420.4232
172-17010 90 Ave NW
Edmonton AB T5T 1L6

North Town

Tel: 780.478.7221
Fax: 780.475.1860
134-9450 137 Ave NW
Edmonton AB T5E 6C2

