

## 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 Assessment**  Further assess patient to develop treatment plan

**Rehabilitation**  Arrange post-procedure physical rehabilitation

**STEP 4 Repeat**  Repeat all Instructions No. of Times  MD Initials

### STEP 5 Peripheral Procedures

**Therapy Choice**  Steroid  Botox\*\*  Platelet Rich Plasma\*(PRP) **NEW**  
All can be supplied by CDC  Monovisc\*\*  Cingal\*\* (Monovisc® + 18mg triamcinalone) **NEW**

#### 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

#### Elbow

Elbow Joint R  L

Lateral Epicondylitis R  L

Medial Epicondylitis R  L

Olecranon Bursa R  L

#### Wrist & Hand

Radiocarpal Joint R  L

1<sup>st</sup> CMC Joint R  L

Carpal Tunnel R  L

DeQuervan's Tenosynovitis R  L

Trigger Finger R  L

Ganglion Cyst 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

Meralgia Paresthetica R  L

Symphysis Pubis

#### Knee

Knee Joint R  L

Baker's Cyst R  L

#### Ankle & Foot

Ankle Joint R  L

1<sup>st</sup> MTP Joint R  L

Achilles Tendon (PRP\*) R  L

Retrocalcaneal Bursa 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 \_\_\_\_\_

## STEP 5 Spinal Procedures

### Lumbar Facets

Stage 1: Facet Joint Injection L1 / L2 R  L

Stage 2a: Medial Branch Block L2 / L3 R  L

Stage 2b: Radiofrequency Neurotomy L3 / L4 R  L

L4 / L5 R  L

L5 / S1 R  L

SI Joint Injection  SI Joint RFN R  L

Pars Interarticularis \_\_\_\_\_ R  L

Coccyx

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  S1

Caudal ESI

Lumbar Provocative Discography (Diagnostic test)

Lumbar Intradiscal Steroid (Modic I changes on MRI)

Lumbar Intradiscal PRP\* (Annular tear on MRI)

Thoracic Facet Joint \_\_\_\_\_ R  L

### Cervical Facets & Epidurals

Stage 1: Facet Joint Injection C2 / C3 R  L

C3 / C4 R  L

Stage 2a: Medial Branch Block C4 / C5 R  L

C5 / C6 R  L

Stage 2b: Radiofrequency Neurotomy C6 / C7 R  L

C7 / T1 R  L

Cervical Epidural Steroid Injection (transfacet)

### Headache

TMJ Injection R  L

C2 Ganglion  3rd Occipital Nerve R  L

Greater & Lesser Occipital Nerves R  L

Botox® for Chronic Migraine\* R  L

## 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 **403.212.5855** toll free **1.877.420.4CDC (4232)** or fax this form to **403.253.4669**

### Brentwood ①

830-3630 Brentwood Rd NW  
Phone: 403.338.4000  
Fax: 403.210.0075

Pain Management  
Walk in X-ray  
Ultrasound  
GI Studies

### Chinook ②

1-6020 1A Street SW  
Phone: 403.253.4666  
Fax: 403.301.2073

Private MRI/CT  
Pain Management  
Walk in X-ray  
Ultrasound  
GI Studies

### Pacific Place ③

959-999 36 St NE  
Phone: 403.215.2900  
Fax: 403.215.2920

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

### Marlborough ④



411 Marlborough Way NE  
Phone: 403.273.9002  
Fax: 403.569.8097

Kids Imaging  
Walk in X-ray  
Ultrasound  
GI Studies  
GU Studies

### Westhills ⑤

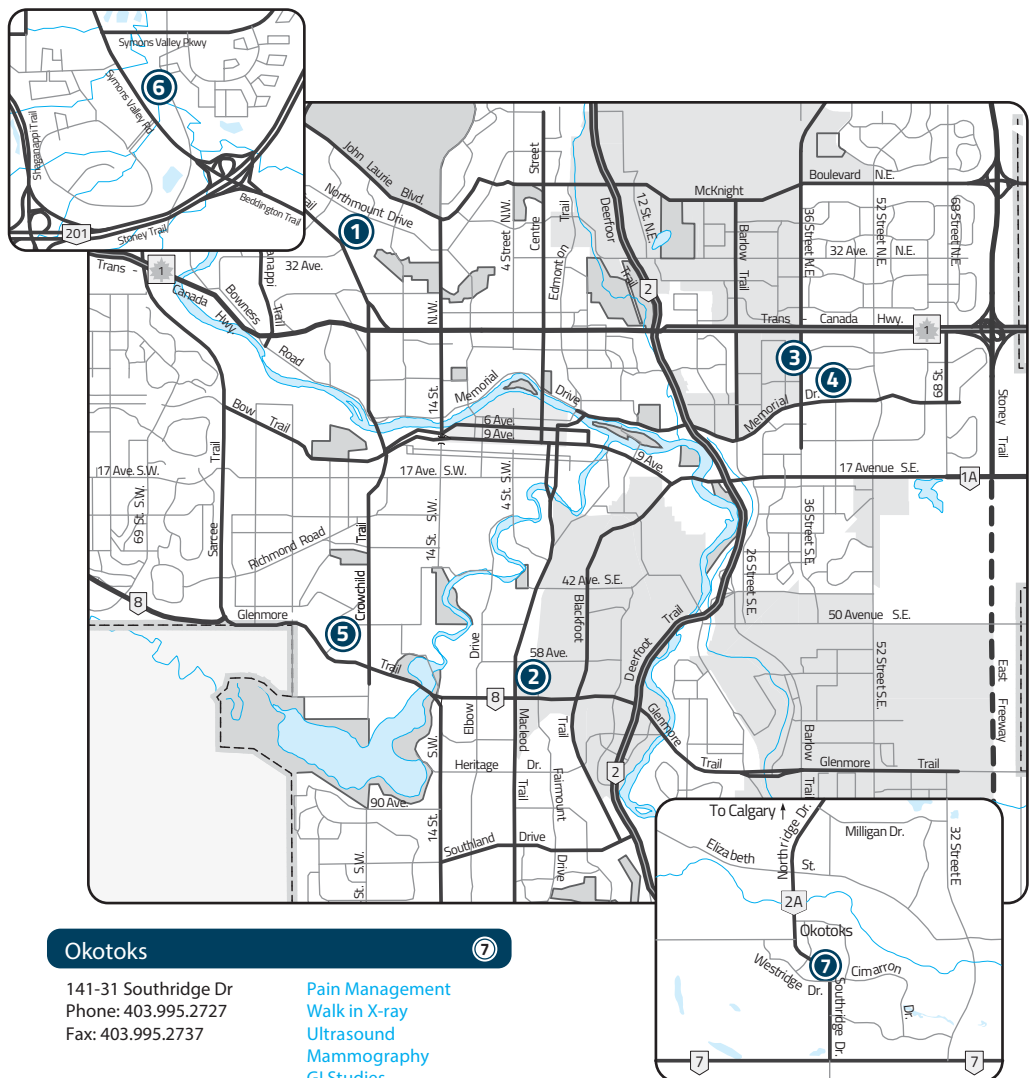
200A Stewart Green SW  
Phone: 403.685.6175  
Fax: 403.685.6199

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

### Symons Valley ⑥

32-12192 Symons Valley Rd NW  
(Creekside Shopping Centre)  
Phone: 403.212.5640  
Fax: 403.212.5642

Pain Management  
Walk in X-ray  
Ultrasound  
GI Studies



### Okotoks ⑦

141-31 Southridge Dr  
Phone: 403.995.2727  
Fax: 403.995.2737

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

## Exam Information

- Continue to take all regular medications as prescribed by your doctor.
- **Please 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.
- 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.
- 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.
- 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 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 unavailable, proceed directly to the nearest hospital Emergency Department. Failure to do so may result in permanent disability.
- 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.

### Special instructions for your cervical procedure, nerve root block, epidural or radiofrequency neurotomy

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.