

Patient & Appointment Information

Date of Requisition: DD/MM/YY

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 _____

Physician

Referring Physician _____
Clinic _____
Phone _____
Fax _____
Copy to Dr. _____
Fax Copy to Dr. _____
PRAC ID _____
Signature _____

Appt. Date _____ **Time** _____ **CDC Site** _____

1 Clinical History

2 Allergies Latex X-ray Contrast/Dye Other **Medication** Anticoagulation ASA Other

3 Assessment Further assess patient to develop treatment plan **Rehabilitation** Facilitate post-procedure physical rehabilitation

4 Repeat Repeat all instructions No. of Times MD Initials

5 Peripheral Procedures

Therapy Choice Steroid Botox®* Platelet Rich Plasma (PRP)*
All can be supplied by CDC Monovisc®* Cingal* Durolane*

Shoulder

Shoulder (not specified) R L
 Subacromial Bursa R L
 Glenohumeral Joint R L
 Hydrodilatation for adhesive capsule R L
 AC Joint R L
 Biceps Tendon (long head) R L
 Tendon Calcification (>5 mm) R L

Elbow

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

Wrist and 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

Other Joint/Tendon/Bursa

Knee

Knee Joint R L
 Baker's Cyst R L

Hip and Pelvis

Hip Joint R L
 Greater Trochanteric Bursa R L
 Gluteus Tendon (PRP) R L
 Iliopsoas Bursa R L
 Ischial Bursa R L
 Piriformis Syndrome R L
 Meralgia Paresthetica R L
 Symphysis Pubis R L

Ankle and Foot

Ankle Joint (Tibiotalar) R L
 Subtalar Joint R L
 1st 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

5 Spinal Procedures

Lumbar Facets

Stage 1: Facet Joint Injections L1/L2 R L
 Stage 2a: Medial Branch Block L2/L3 R L
L3/L4 R L
 Stage 2b: Radiofrequency Neurotomy L4/L5 R L
L5/S1 R L

Thoracic Facet Joint _____ R L

SI Joint Injection SI Joint RFN R L
 Pars Interarticularis _____ R L
 Coccyx

Lumbar Epidural Steroid Injection L1/L2 R L L1 Lumbar Selective Nerve Root Block
L2/L3 R L L2
L3/L4 R L L3
L4/L5 R L L4
L5/S1 R L L5
S1 R L S1

Caudal ESI

Lumbar Intradiscal Steroid (Modic I changes on MRI)
 Lumbar Intradiscal PRP (Annular tear on MRI)

Cervical Facets & Epidurals

Stage 1: Facet Joint Injection C2/C3 R L Cervical Epidural Steroid Injection (Transfacet)
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

Headache

3rd Occipital Nerve R L
 Greater & Lesser Occipital Nerves R L
 Botox® for Chronic Migraine*
 TMJ Botox R L
 TMJ Joint Injection R L
 Sphenopalatine Ganglion Block (Bilateral)

Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph CGY: 403.212.5855
Toll-Free Ph: 1.877.420.4CDC (4232)
Fax CGY: 403.253.4669
Toll-Free Fax: 1.877.919.3291
Email: appointments@CanadaDiagnostics.ca
Online Requests: CanadaDiagnostics.ca

PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

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

Locations

Northwest

- 1. Brentwood**
830-3630 Brentwood Rd NW, T2L 1K8
Ph: 403.338.4000 | Fax: 403.210.0075
Pain Management | Walk-in X-ray
Ultrasound | GI Studies
- 2. Symons Valley**
32-12192 Symons Valley Rd NW, T3P 0A3
(Creekside Shopping Centre)
Ph: 403.212.5640 | Fax: 403.212.5642
Pain Management | Walk-in X-ray
Ultrasound | Mammography | GI Studies
Bone Mineral Densitometry

Southwest

- 3. Chinook**
1-6020 1A St SW, T2H 0G3
Ph: 403.253.4666 | Fax: 403.301.2073
Pain Management | Private MRI/CT
Walk-in X-ray | Ultrasound | GI Studies
- 4. Glenmore Landing**
D270-1600 90 Ave SW, T2V 5A8
Ph: 403.252.5882 | Fax: 403.640.2948
Pain Management | Walk-in X-ray
Ultrasound | Mammography
- 5. Calgary Women's Imaging Centre***
20 Richard Way SW, T3E 7M9
Ph: 403.685.3123 | Fax: 403.685.3235
Pain Management | Women's Imaging | Ultrasound
Mammography | Bone Mineral Densitometry
- 6. Westhills**
200A Stewart Green SW, T3H 3C8
Ph: 403.685.6175 | Fax: 403.685.6199
Pain Management | Walk-in X-ray
Ultrasound | Mammography | GI Studies
Bone Mineral Densitometry

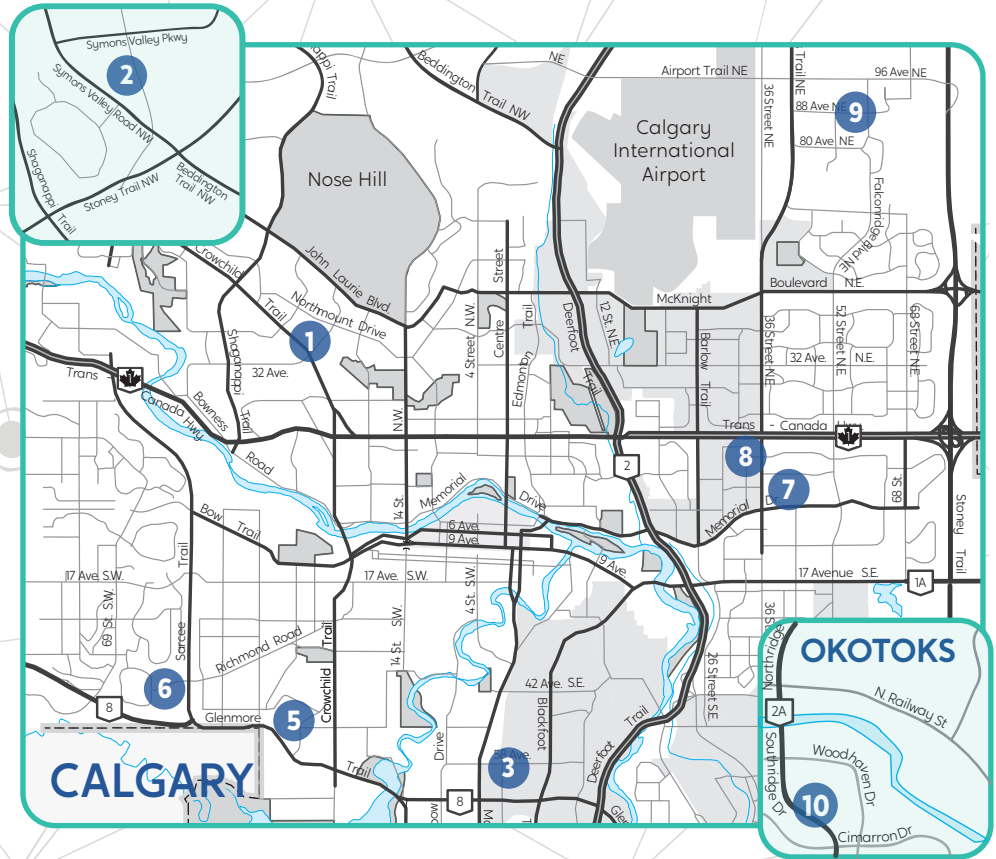
South of Calgary

- 10. Okotoks**
141-31 Southridge Dr, T1S 2N3
Ph: 403.995.2727 | Fax: 403.995.2737
Pain Management | Walk-in X-ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry

*X-ray not available at this location

Northeast

- 7. Marlborough**
411 Marlborough Way NE, T2A 7E7
Ph: 403.273.9002 | Fax: 403.569.8097
Pain Management | Kid's Imaging
Walk-in X-ray | Ultrasound
GI and GU Studies
- 8. Pacific Place**
959-999 36 St NE, T2A 7X6
Ph: 403.215.2900 | Fax: 403.215.2920
Pain Management
Walk-in X-ray | Ultrasound
Mammography | GI Studies
Bone Mineral Densitometry
- 9. Savanna**
8130-5850 88 Ave NE, T3J 0Z7
Ph: 403.212.7650 | Fax: 403.212.7655
Pain Management
Walk-in X-ray | Ultrasound
Mammography | GI Studies



Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

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 to and from 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.