Pain Therapy Requisition

Radiology Consultants ASSOCIATED

110 Mayfair Place, 6707 Elbow Dr. SW, Calgary, AB T2V 0E3

To book an appointment, please fax your completed requisition form to 403.777.3048.

A Booking Coordinator will contact your patient to schedule their appointment. If you have any questions please call 403.777.3000 or toll free 1.866.611.2665.

Pain therapy services are covered by Alberta Health Care.

PATIENT INFORMATION

Name: ______________________

Date of Birth Day: ______ Month: ______ Year: ______

Home: ______________________

Work: ______________________

Cell: ______________________

Gender: ☐ M ☐ F

Address: ______________________

City/Province: ______________________

Postal Code: ____________ WCB#: ____________

Insurance: ______________________

PATIENT BACKGROUND

Area of concern:

History and presumptive diagnosis:

INJECTION THERAPY REQUESTED

Intra-Articular Joint Injections

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hip
- ☐ Knee
- ☐ Ankle
- ☐ Symphysis Pubis
- ☐ AC Joint
- ☐ Other ______________________

____

Spine Injections

- ☐ Facet Joints (Lumbar) – please specify levels ____________ ☐ R ☐ L
- ☐ Facet Joints (Thoracic) – please specify levels ____________ ☐ R ☐ L
- ☐ SI Joints

Bursal Injections

- ☐ Sub Acromial/Sub Deltoid
- ☐ Trochanteric
- ☐ Iliopsoas
- ☐ Popliteal Fossa/Baker's Cyst
- ☐ Other ______________

MEDICATIONS

- ☐ Anticoagulants (Blood Thinners)
- ☐ Aspirin
- ☐ Other ______________________

____

ALLERGIES

- ☐ Local Anaesthetic
- ☐ Corticosteroid
- ☐ X-ray Contrast
- ☐ Other ______________________

REFERRING PHYSICIAN'S INFORMATION

Name: ______________________

Signature: ______________________

Phone: ____________ Fax: ____________

Copy to: ______________________

Stat Report ☐

Address: ______________________

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See reverse for patient instructions and location map.

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Patient Instructions

- **Please bring a copy of this requisition form** to your appointment.
- **Arrive 15 minutes prior to your appointment**. If you are late, your examination may have to be postponed to a later date.
- Allow an hour for your appointment and wear comfortable clothing.
- **DO NOT EAT or DRINK** anything for two hours prior to your test.
- Bring your steroid medication or joint medication with you if applicable (i.e. Corticosteroid or Synvisc).
- Continue taking all of your current medications.
- Please call or advise us if you are taking anticoagulants (blood thinners) or are diabetic.
- If possible, please **have someone accompany you on the day of your test.** In case you have any discomfort, it may be more convenient to have someone else drive you home.
- X-rays of the site will be taken prior to the injection.
- Patients are allowed to leave after their exam with no in-clinic recuperation time required.
- Please do not hesitate to contact us if you have any questions about these procedures.

APPOINTMENT REMINDER & LOCATION

	Date	Time
Pain Therapy Appointment	______________	__________

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Calgary, AB T2V 0E3
Central Booking: 403.777.3000
Toll Free: 1.866.611.2665

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