MAYFAIR® DIAGNOSTICS

# IMAGE-GUIDED PAIN THERAPY REQUISITION

ALL APPOINTMENTS:
Tel: 403.777.3122
Fax: 403.777.3001
paintherapy@radiology.ca

## PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/

Name: ☐ Female ☐ Male

Address:

City: Province: Postal Code:

Home Phone:

Other Phone:

Email Address:

Date of Birth: D/ M/ Y/

AHC or WCB #:

**Appt. Date: D/ M/ Y/ Time:**

## HISTORY AND PRESUMPTIVE DIAGNOSIS

Please provide all relevant information.

**FOR REFERRER**

**Number of repeats/year:** ____
(Limit 4 injections per site per year)

**Relevant previous imaging:**

☐ X-ray Date:
☐ Ultrasound Date:
☐ MRI Date:
☐ Other: Date:

## THERAPY SITE REQUESTED (Additional imaging will be coordinated, if appropriate)

### Musculoskeletal Procedures

**Shoulder**

| | | |
|---|---|---|
| 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 Epicondyle | ☐ R | ☐ L |
| Medial Epicondyle | ☐ R | ☐ L |
| Olecranon Bursa | ☐ R | ☐ L |

**Wrist & Hand**

| | | |
|---|---|---|
| Radiocarpal Joint | ☐ R | ☐ L |
| 1st CMC Joint | ☐ R | ☐ L |
| Carpal Tunnel | ☐ R | ☐ L |
| Extensor/DeQuervain's (level) | ☐ R | ☐ L |
| Flexor/Trigger (level) | ☐ R | ☐ L |
| Ganglion Cyst | ☐ R | ☐ L |
| Other Joint: | ☐ R | ☐ L |

**Knee**

| | | |
|---|---|---|
| Knee Joint | ☐ R | ☐ L |
| Baker's Cyst | ☐ R | ☐ L |

**Hip & Pelvis**

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

**Ankle & Foot**

| | | |
|---|---|---|
| Ankle Joint | ☐ R | ☐ L |
| Subtalar Joint | ☐ R | ☐ L |
| 1st MTP Joint | ☐ R | ☐ L |
| Plantar Fascia | ☐ R | ☐ L |
| Ganglion Cyst | ☐ R | ☐ L |
| Morton's Neuroma | ☐ R | ☐ L |
| Other Joint: | ☐ R | ☐ L |

**Other**

| | | |
|---|---|---|
| Tenotomy | ☐ R | ☐ L |
| Site: (Specify Indication) | | |
| Other: | ☐ R | ☐ L |
| Site: (Specify Indication) | | |

☐ **For Pre-Injection Assessment**
(If checked, we will review prior imaging and suggest appropriate injection therapy.)

### Spinal Procedures

☐ **SPECT/CT Bone Scan** (to guide facet injections)

| | | | |
|---|---|---|---|
| ☐ **Facet Injection** OR ☐ **Medial Branch Block** OR ☐ **Radiofrequency Ablation*** (L-Spine) | Cervical | ☐ R | ☐ L (level) |
| | Thoracic | ☐ R | ☐ L (level) |
| | 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**

| | | | |
|---|---|---|---|
| ☐ **Selective Nerve Root Block**** (transforaminal/TFESI) | L3 | ☐ R | ☐ L |
| | L4 | ☐ R | ☐ L |
| | L5 | ☐ R | ☐ L |
| | S1 | ☐ R | ☐ L |

☐ **Cervical Epidural** (Trans Facet) ☐ R ☐ L (level)

☐ **Epidural Injection**** (interlaminar) ☐ L3/L4 ☐ L4/L5 ☐ L5/S1 ☐ Caudal

☐ **Other:**

* If determined appropriate based on MBB results
** MRI required before injection

## INJECTION TYPE Steroid Injection performed unless otherwise indicated

☐ **Viscosupplementation** (Hyaluronic Acid): (Specify Type)
(Most available on site for purchase)

### Fee-for-Service

**Biologics:**

☐ **PRP** (Platelet Rich Plasma):
☐ **APS** (Autologous Protein Solution/nSTRIDE®):
☐ **Prolotherapy:**
☐ **Botox:**

## PATIENT INFORMATION

**Medications**

☐ Coumadin
☐ Plavix
☐ Other Blood Thinners:

**Allergies**

☐ Xylocaine
☐ Iodinated Contrast
☐ Other:

☐ **Diabetic**

## REFERRER INFORMATION

Name:

Copy to:

Phone: Fax:

Address:

Practitioner's ID/Stamp:

Signature:



See reverse for patient instructions and location map.

# PATIENT INSTRUCTIONS

To book an appointment **403.777.3122**
paintherapy@radiology.ca

A booking coordinator will contact your patient to schedule their appointment.
Pain therapy services are covered by Alberta Health Care (unless indicated).

- **Please bring 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 20–30 minutes for your appointment and wear comfortable clothing.
- There are no food or drink restrictions. If you are an insulin dependent **diabetic**, please ensure you have some juice and/or a small snack after taking your insulin.
- Continue taking all of your current medications. If you are on **anticoagulant drugs** (Plavix, Coumadin, Warfarin) you may need to have your INR checked and may need to stop your medication prior to the procedure. Our Booking Coordinator will discuss this with you.
- **ALL INTRA-ARTICULAR MEDICATIONS (CORTICOSTEROID AND LONG-ACTING LOCAL ANAESTHETIC) ARE PROVIDED TO YOU AT YOUR APPOINTMENT.**

  **IF YOU ARE PRESCRIBED VISCOSUPPLEMENTATION (E.G. HYALURONIC ACID, SYNVISC, ORTHOVISC, ETC.), WE OFFER SOME AT DIRECT COST AT OUR FACILITY. OTHERWISE PLEASE BRING THIS MEDICATION WITH YOU TO YOUR APPOINTMENT.**
- 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. Selective Nerve Root Block, Epidural Injection, as well as Radiofrequency Ablation patients must have a driver.
- X-rays may be taken prior to the injection.
- Patients are allowed to leave after their exam with no recuperation time required. **Exception:** Selective Nerve Root Block, Epidural Injection, as well as Radiofrequency Ablation patients will require an additional 15–30 minutes recovery after the procedure.
- Please do not hesitate to contact us if you have any questions about these procedures.
- Please do not bring children who require supervision to your appointment.

## LOCATIONS


**Mayfair Diagnostics Castleridge**

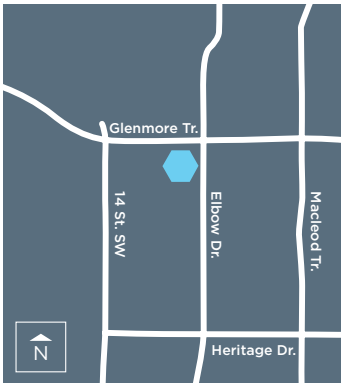
20, 55 Castleridge Blvd. NE
*Free Parking*


**Mayfair Diagnostics Mahogany Village**

230, 3 Mahogany Row SE
*Free Parking (entrance faces parking lot behind building)*


**Mayfair Diagnostics Market Mall**

333, 4935 - 40 Ave. NW
*Free Parking*




**Mayfair Diagnostics Mayfair Place**

132, 6707 Elbow Dr. SW
Calgary, AB T2V 0E3
*Free Parking (some surface spots reserved for Mayfair patients)*