

PAIN MANAGEMENT REQUISITION

PATIENT INFORMATION

PLACE PATIENT LABEL HERE				Home Phone:				
Date of Request: D/	M/	Υ/		Other Phone:				
Name:		Female	Male	Date of Birth: <u>D/</u>		M/	Y/	
Address:	Idress:			AHC or WCB #:				
City:	Province:	Postal Code:		Appt. Date: D/	M/	Υ/	Time:	am pm

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:		

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L5/S1

Caudal

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

Spinal Procedures Musculoskeletal Procedures SPECT/CT Bone Scan (to guide facet injections) Shoulder **Hip & Pelvis** Subacromial Bursa R L Facet Injection Cervical **Hip Joint** L R Glenohumeral Joint R L OR Thoracic R Greater Trochanteric Bursa L R AC Joint R L Medial Branch Iliopsoas Bursa R L L1/L2 Biceps Tendon (long head) R L **Ischial Bursa** L Block R L2/L3 R Tendon Calcification R L OR Symphysis Pubis L3/L4 Radiofrequency L4/L5 Elbow Ankle & Foot Ablation*(L-Spine) L5/S1 Elbow Joint R L Ankle Joint R L **SI Joint** Lateral Epicondyle R L Subtalar Joint L R Соссух Medial Epicondyle R L 1st MTP Joint R L **Olecranon Bursa** R L R L Plantar Fascia Selective Nerve L3 R Ganglion Cyst L Root Block** L4 Wrist & Hand Morton's Neuroma R L (transforaminal/TFESI) L5 **Radiocarpal Joint** R L Other Joint: R L **S**1 1st CMC Joint R L Other Carpal Tunnel R L Cervical Epidural Tenotomy R 1 Extensor/DeQuervain's (level) R L (Trans Facet) Site: Flexor/Trigger (level) R L **Epidural Injection**** L3/L4 R Other: R Ganglion Cyst L L (interlaminar) L4/L5 Other Joint: R L Site: Knee For Pre-Injection Assessment Other: Knee Joint R L (If checked, we will review prior imaging and * If determined appropriate based on MBB results Baker's Cyst suggest appropriate injection.) R L ** MRI required before injection INJECTION TYPE Steroid Injection performed unless otherwise indicated PATIENT INFORMATION **Medications** Viscosupplementation: Coumadin (Most available onsite for purchase) Plavix Other Blood Thinners: **Fee-for-Service** Allergies **Biologics: Xylocaine**

PRP (Platelet Rich Plasma):

APS (Autologous Protein Solution/nSTRIDE®):

DEFENDED INFORMATION

REFERRER INFORMATION					
Name:	Practitioner's ID/Stamp:				
Copy to:					
Phone: Fax:					
Address:	Signature:				

Iodinated Contrast

Other:

Diabetic

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

- **Please bring** your health insurance card, photo identification, and 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 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, and 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, and radiofrequency ablation patients will require an additional 15–30 minutes recovery after the procedure.
- Please contact us if you have any questions about these procedures.
- Please do not bring children who require supervision to your appointment.