



# PAIN MANAGEMENT REQUISITION

## CENTRAL BOOKING

Ph 780-450-1500 Toll Free 1-800-355-1755

Fax 780-450-9551

Official Imaging Provider for:



No appointment needed for general X-Ray

**\* ALL EXAMINATIONS \*** PLEASE BRING YOUR HEALTH INSURANCE CARD AND ANOTHER PIECE OF IDENTIFICATION WITH THIS FORM.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

PHONE: RES: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Refer to Preparation Instructions on Reverse**

DATE OF BIRTH: \_\_\_\_\_ mm/dd/yyyy

AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

PHN OR WCB: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

### LOCATIONS EDMONTON

www.mic.ca

**HYS MEDICAL CENTRE**  
#202, 11010 - 101 ST NW

**CENTURY PARK**  
#201, 2377 - 111 ST NW

**TERRA LOSA**  
9566-170 ST NW

**COLLEGE PLAZA**  
7TH FLR, 8215 - 112 ST NW

**TAWA CENTRE**  
#200, 3017 - 66 ST NW

**WINDERMERE**  
#201, 6103 CURRENTS DR NW

### SHERWOOD PARK ST. ALBERT

**SYNERGY WELLNESS CENTRE**  
#109, 501 BETHEL DRIVE

**SUMMIT CENTRE**  
#102, 200 BOUDREAU RD

### APPOINTMENT DETAILS

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

### SIGNIFICANT CLINICAL HISTORY (MUST BE COMPLETED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RADIOLOGIST CONSULT

The most appropriate test/procedure will be booked based on the history provided by the referrer. Further exams will be booked if indicated, following the initial test.

PHYSICIANS INITIAL \_\_\_\_\_

BLOOD THINNERS  YES  NO

DATE OF L.M.P. \_\_\_\_\_

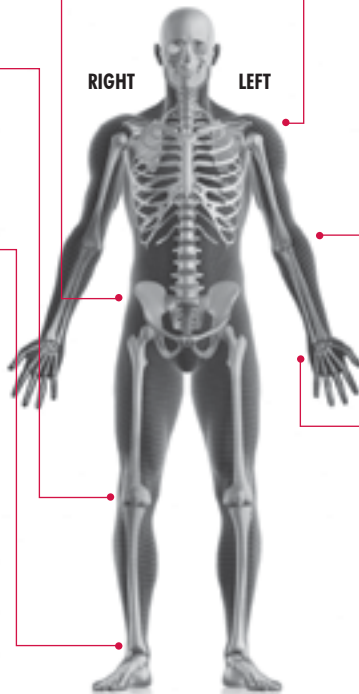
PREGNANT?  YES  NO

PATIENT'S SIGNATURE: \_\_\_\_\_

### PROCEDURES

(All procedures covered by Alberta Health Care)

- |                        |                       |   |
|------------------------|-----------------------|---|
| <b>RIGHT</b>           | <b>LEFT</b>           | <b>HIP</b>  |
| <input type="radio"/>  | <input type="radio"/> | Hip Joint   |
| <input type="radio"/>  | <input type="radio"/> | Greater Trochanteric Bursa                        |
| <input type="radio"/>  | <input type="radio"/> | Iliopsoas Bursa                                   |
| <input type="radio"/>  | <input type="radio"/> | Ischial Bursa                                     |
| <b>KNEE</b>            |                       |   |
| <input type="radio"/>  | <input type="radio"/> | Knee Joint  |
| <input type="radio"/>  | <input type="radio"/> | Bakers Cyst                                       |
| <input type="radio"/>  | <input type="radio"/> | Patellar Tendon                                   |
| <input type="radio"/>  | <input type="radio"/> | IT Band   |
| <input type="radio"/>  | <input type="radio"/> | Pes Anserinus Bursa                               |
| <b>ANKLE AND FOOT</b>  |                       |   |
| <input type="radio"/>  | <input type="radio"/> | Achilles Tendon<br><i>(see special procedure)</i> |
| <input type="radio"/>  | <input type="radio"/> | Tibiotalar Joint                                  |
| <input type="radio"/>  | <input type="radio"/> | Subtalar Joint                                    |
| <input type="radio"/>  | <input type="radio"/> | Calcaneocuboid Joint                              |
| <input type="radio"/>  | <input type="radio"/> | Talonavicular Joint                               |
| <input type="radio"/>  | <input type="radio"/> | TMT   |
| 1 2 3 4 5              |                       | (Please Circle)                                   |
| <input type="radio"/>  | <input type="radio"/> | MTP   |
| 1 2 3 4 5              |                       | (Please Circle)                                   |
| <input type="radio"/>  | <input type="radio"/> | Tendon Sheath                                     |
| (Please Specify) _____ |                       |   |
| <input type="radio"/>  | <input type="radio"/> | Morton's Neuroma                                  |
| <input type="radio"/>  | <input type="radio"/> | Plantar Fascia                                    |
| <input type="radio"/>  | <input type="radio"/> | Other   |



- |                           |                       |                       |
|---------------------------|-----------------------|-----------------------|
| <b>SHOULDER</b>           | <b>RIGHT</b>          | <b>LEFT</b>           |
| Glenohumeral Joint        | <input type="radio"/> | <input type="radio"/> |
| Sternoclavicular Joint    | <input type="radio"/> | <input type="radio"/> |
| AC Joint                  | <input type="radio"/> | <input type="radio"/> |
| Subacromial bursa         | <input type="radio"/> | <input type="radio"/> |
| Subdeltoid bursa          | <input type="radio"/> | <input type="radio"/> |
| Biceps Tendon Sheath      | <input type="radio"/> | <input type="radio"/> |
| <b>ELBOW</b>              |                       |                       |
| Elbow Joint               | <input type="radio"/> | <input type="radio"/> |
| Olecranon bursa           | <input type="radio"/> | <input type="radio"/> |
| Medial Epicondyle         | <input type="radio"/> | <input type="radio"/> |
| Lateral Epicondyle        | <input type="radio"/> | <input type="radio"/> |
| <b>WRIST AND HAND</b>     |                       |                       |
| Radiocarpal Joint         | <input type="radio"/> | <input type="radio"/> |
| 1st CMC                   | <input type="radio"/> | <input type="radio"/> |
| MCP                       | <input type="radio"/> | <input type="radio"/> |
| (Please Circle) 1 2 3 4 5 |                       |                       |
| Tendon Sheath             | <input type="radio"/> | <input type="radio"/> |
| (Please Specify) _____    |                       |                       |
| Tendon Ganglion           | <input type="radio"/> | <input type="radio"/> |
| Other Joint               | <input type="radio"/> | <input type="radio"/> |

- |                                |                                |
|--------------------------------|--------------------------------|
| <b>LUMBAR SPINE</b>            |                                |
| Facet Injection                |                                |
| <b>RIGHT</b>                   | <b>LEFT</b>                    |
| <input type="radio"/> L1-2     | <input type="radio"/> L1-2     |
| <input type="radio"/> L2-3     | <input type="radio"/> L2-3     |
| <input type="radio"/> L3-4     | <input type="radio"/> L3-4     |
| <input type="radio"/> L4-5     | <input type="radio"/> L4-5     |
| <input type="radio"/> L5-S1    | <input type="radio"/> L5-S1    |
| <input type="radio"/> SI Joint | <input type="radio"/> SI Joint |

### SPECIAL PROCEDURE \*see reverse for instructions

- Calcific Tendonopathy Barbotage
  - Refractory Tendonopathy Treatment
    - Paratenon Strip
    - Needle Fenestration
    - Sclerotherapy
    - Autologous Blood Product Injection
  - Arthrodistraction
- Specify exact site: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

PRACTITIONER'S NAME: \_\_\_\_\_

PRACTITIONER'S ADDRESS: \_\_\_\_\_

COPY TO: \_\_\_\_\_ FAX COPY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHYSICIAN'S STAMP & PRACTICE ID

If you have any questions about your exam, exam preparation, or need to change your appointment, please contact: **Central Booking at 780-450-1500** or call toll-free at **1-800-355-1755**.

If you are unable to keep your appointment, telephone to cancel it. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

For more information visit: [www.mic.ca](http://www.mic.ca)

## PATIENT EXAM PREPARATION INSTRUCTIONS

**\*For all examinations (except ultrasound): If there is any chance of pregnancy, the exam should be postponed until the start of menses or within the 10 days thereafter.**

- Please arrive 15-20 minutes prior to your appointment time.
- If you are unable to keep your appointment, please call 780-450-1500 at least 24 hours prior to your appointment so that someone else may use this time.
- There is no restriction to your diet.
- Reduce any pain medication the day of the appointment. You should be in enough discomfort (but not extreme) so that you are able to determine if the pain has been relieved immediately following your injection.
- If you are on blood thinners such as Coumadin/Warfarin/Heparin, discontinue them for 3 days prior to your scheduled exam. All other blood thinners only need to be discontinued for 1 day. Then have a **“STAT” INR blood test done late in the morning on the day before your exam**. We will be able to obtain the results. The results of your INR will indicate whether it is safe to have the procedure. You should check with your doctor to see if it is safe to stop taking your blood thinners for this short time. Your doctor must order the blood test for you.
- Take all other medications, as prescribed by your doctor. Bring a list of the medications that you are taking.
- Bring a list of medications that you are allergic to.
- You cannot have an active infection or be on treatment for an active infection on the day of your exam.
- If applicable, bring any joint medication (e.g. Synvisc, Durolane) that you have purchased for this procedure. These products are not supplied by MIC (MIC does provide cortisone).
- Once the procedure is completed, a technologist will ask that you wait for 20 minutes so we can re-evaluate your pain level before you leave.
- You may resume light activities after your procedure, but you should refrain from strenuous activity using the injected area for 2 days following your injection, or as instructed by your doctor.
- When you are having more than one site injected on the same day, it may affect your ability to operate a motor vehicle. (You may not be able to drive after the injections)
- Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs the day after your injection, contact your doctor immediately.
- Cloth gowns are provided.
- Please do not bring children who require supervision, as we are unable to look after them.

### Patients having lower limb **SPECIAL PROCEDURES:**

1. You will need to be non-weight bearing after procedure.
2. You will require a walking boot for 2 weeks after procedure. Patient to bring walking boot to their appointment.

