

## 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 \_\_\_\_\_

Appt. Date \_\_\_\_\_ Time \_\_\_\_\_ CDC Site \_\_\_\_\_

### 1 Clinical History

Allergies ☐ Latex ☐ X-ray Contrast / Dye ☐ Other \_\_\_\_\_

2 Medication ☐ Anticoagulation ☐ ASA ☐ Other \_\_\_\_\_

3 Assessment ☐ Further assess patient to develop treatment plan

4 Rehabilitation ☐ Facilitate post-procedure physical rehabilitation

5 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 ☐  
☐ 1<sup>st</sup> 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 ☐  
☐ 1<sup>st</sup> 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 ☐

## Physician

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

### 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 L4/L5 R ☐ L ☐  
Neurotomy L5/S1 R ☐ L ☐

☐ Thoracic Facet Joint \_\_\_\_\_ R ☐ L ☐

☐ SI Joint Injection ☐ SI Joint RFN R ☐ L ☐  
☐ Pars Interarticularis \_\_\_\_\_ R ☐ L ☐  
☐ Coccyx

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

☐ Caudal ESI

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

#### Cervical Facets & Epidurals

☐ Stage 1: C2/C3 R ☐ L ☐ Cervical ☐  
Facet Joint Injection C3/C4 R ☐ L ☐ Epidural  
☐ Stage 2a: C4/C5 R ☐ L ☐ Steroid  
Medial Branch Block C5/C6 R ☐ L ☐ Injection  
☐ Stage 2b: C6/C7 R ☐ L ☐ (Transfacet)  
Radiofrequency C7/T1 R ☐ L ☐  
Neurotomy

## Headache

☐ 3<sup>rd</sup> 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](mailto:appointments@CanadaDiagnostics.ca)

Online Requests: [CanadaDiagnostics.ca](http://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

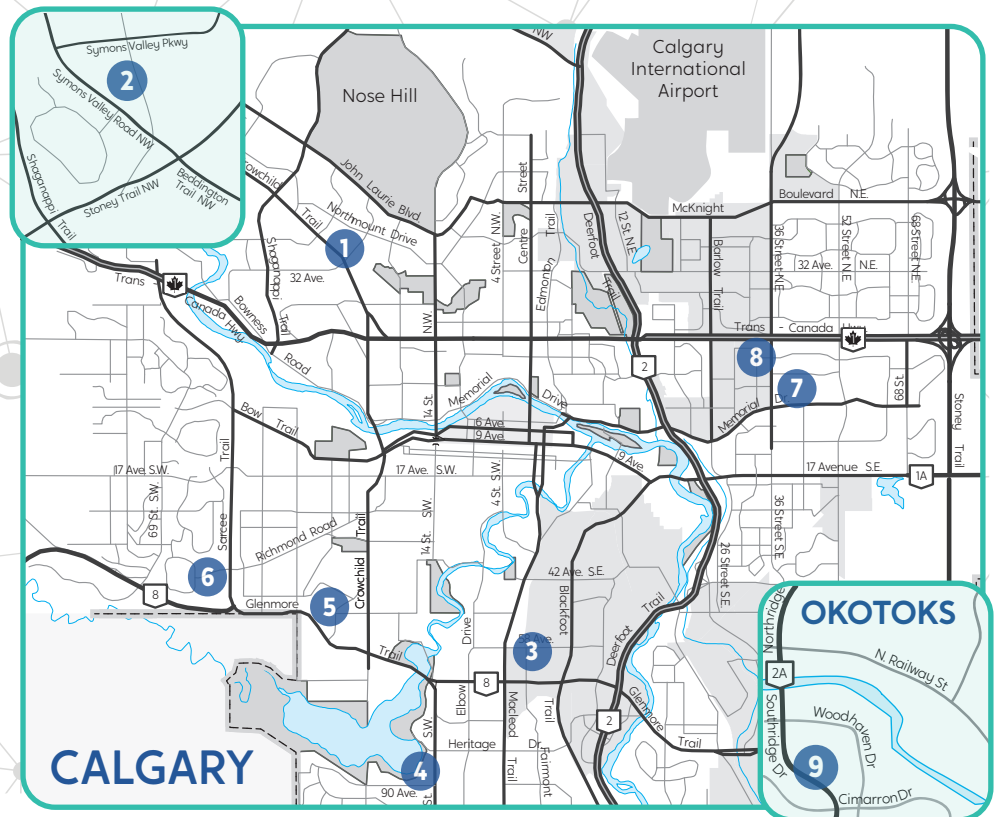
\*X-ray not available at this location

### 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

### South of Calgary

- 9. 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



## Exam Preparation

You may also visit [prepare.CanadaDiagnostics.ca](http://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.