

## 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

## Physician

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

**Appt. Date** Time CDC Site

### 1 Clinical History

**Allergies**  Latex  X-ray Contrast / Dye  Other

### 2 Medication

Anticoagulation  ASA  Other

**Assessment**  Further assess patient to develop treatment plan

### 3 Rehabilitation

Facilitate post-procedure physical rehabilitation

### 4 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   
 Pes Anserine Bursa 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   
 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

### 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

Cervical Facet \_\_\_\_\_ R  L   
 Thoracic Facet \_\_\_\_\_ R  L

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

Lumbar Epidural Steroid Injection L1/L2 R  L   
L2/L3 R  L   
L3/L4 R  L   
L4/L5 R  L   
L5/S1 R  L   
S1 R  L

Lumbar Selective Nerve Root Block L1 R  L   
L2 R  L   
L3 R  L   
L4 R  L   
L5 R  L   
S1 R  L

Caudal ESI

#### Headache

Greater and Lesser Occipital Nerves R  L   
 TMJ Joint Injection R  L

### Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph EDM: 780.341.6000

Toll-Free Ph: 1.877.420.4CDC (4232)

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

### North

- 1. Mira**  
103-11910 111 Ave NW, T5G 0E5  
Ph: 780.452.9711  
Fax: 780.452.3451  
Pain Management | Walk in X-Ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry
- 2. North Town**  
134-9450 137 Ave NW, T5E 6C2  
Ph: 780.478.7221  
Fax: 780.475.1860  
Pain Management | Walk in X-Ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry

### South

- 3. 109 Street\***  
7121 109 St NW, T6G 1B9  
Ph: 780.434.9147  
Fax: 780.436.7650  
Pain Management | Women's Imaging | Ultrasound  
Mammography | Bone Mineral Densitometry
- 4. Ellerslie**  
632 91 St SW, T6X 0E4  
Ph: 780.341.6020  
Fax: 587.458.5581  
Pain Management | Walk in X-Ray | Ultrasound  
Mammography | GI Studies  
Bone Mineral Densitometry

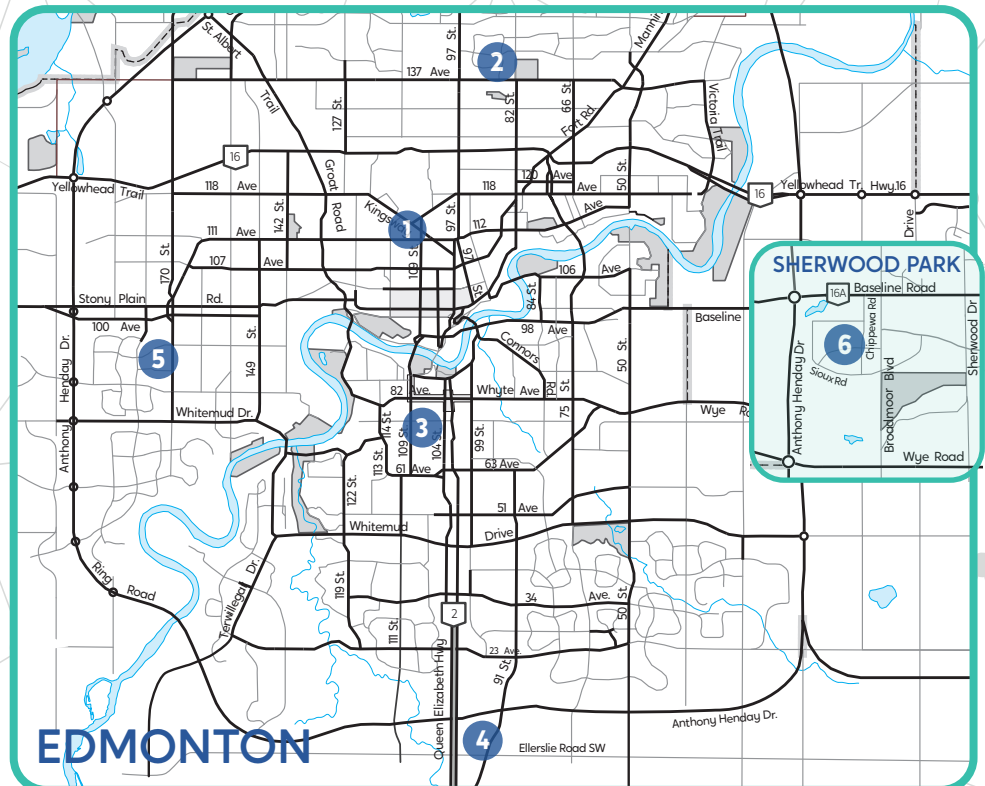
\*X-ray not available at this location

### West

- 5. Westgate**  
172-17010 90 Ave NW, T5T 1L6  
Ph: 780.484.1672  
Fax: 780.484.2982  
Pain Management | Walk in X-Ray | Ultrasound  
Mammography | Bone Mineral Densitometry

### East of Edmonton

- 6. Sherwood Park**  
114-80 Chippewa Rd, T8A 4W6  
Ph: 780.467.2773  
Fax: 780.467.2982  
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.