



Name: _____

Address: _____

Phone Res: _____ Other: _____

Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female

PHN: _____ WCB (Y / N) Other: _____

Appointment Details

Date: _____

Time: _____

Clinic Location: _____

Refer to Preparation Instructions on Reverse

ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

Locations – Hours of operation vary by examination ⌚ *Extended Hours available for X-ray*

Edmonton

Gateway Clinic

Tawa Centre

Windermere

Sherwood Park

St. Albert

⌚ **Century Park**
201-2377 111 ST NW

107-6925 Gateway Blvd NW
Hys Medical Centre
202-11010 101 ST NW

200-3017 66 ST NW
Terra Losa
9566 170 ST NW

201-6103 Currents DRNW

Synergy Wellness Centre
109-501 Bethel DR

⌚ **Summit Centre**
102-200 Boudreau RD

Significant Clinical History

Date of L.M.P: _____

Pregnant: Yes No

Patient's Signature: _____

Referring Practitioner Standing Order **Practitioner's Initials** _____

Extremity Interventions

May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).

Hip and Pelvis		R	L
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	<input type="radio"/>	<input type="radio"/>	
Piriformis	<input type="radio"/>	<input type="radio"/>	
SI Joint	<input type="radio"/>	<input type="radio"/>	
Symphysis Pubis	<input type="radio"/>	<input type="radio"/>	

Knee		R	L
Knee Joint	<input type="radio"/>	<input type="radio"/>	
Baker's Cyst	<input type="radio"/>	<input type="radio"/>	
IT Band	<input type="radio"/>	<input type="radio"/>	
Pes Anserine Bursa	<input type="radio"/>	<input type="radio"/>	

Ankle and Foot		R	L
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/ MTP: 1 2 3 4 5 (Circle)	<input type="radio"/>	<input type="radio"/>	
Morton's Neuroma	<input type="radio"/>	<input type="radio"/>	
Plantar Fascia	<input type="radio"/>	<input type="radio"/>	
Achilles Tendon (see reverse)	<input type="radio"/>	<input type="radio"/>	
Retrocalcaneal Bursa	<input type="radio"/>	<input type="radio"/>	
Other: _____	<input type="radio"/>	<input type="radio"/>	

Shoulder		R	L
Glenohumeral Joint	<input type="radio"/>	<input type="radio"/>	
Subacromial Bursa	<input type="radio"/>	<input type="radio"/>	
AC Joint	<input type="radio"/>	<input type="radio"/>	
Biceps Tendon (long head)	<input type="radio"/>	<input type="radio"/>	
Calcific Tendinosis (barbotage)	<input type="radio"/>	<input type="radio"/>	
Arthrodistalation (frozen shoulder)	<input type="radio"/>	<input type="radio"/>	
Sternoclavicular Joint	<input type="radio"/>	<input type="radio"/>	

Elbow		R	L
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"/>	

Wrist and Hand		R	L
Radiocarpal Joint	<input type="radio"/>	<input type="radio"/>	
1st CMC/ MCP: 1 2 3 4 5 (Circle)	<input type="radio"/>	<input type="radio"/>	
PIP/DIP: 1 2 3 4 5 (Circle)	<input type="radio"/>	<input type="radio"/>	
Trigger Finger: 1 2 3 4 5 (Circle)	<input type="radio"/>	<input type="radio"/>	
De Quervain's tenosynovitis	<input type="radio"/>	<input type="radio"/>	
Ganglion Cyst	<input type="radio"/>	<input type="radio"/>	
Carpal Tunnel	<input type="radio"/>	<input type="radio"/>	
STT/Trisclaphe Injection	<input type="radio"/>	<input type="radio"/>	

Other		R	L
Ganglion	<input type="radio"/>	<input type="radio"/>	
Barbotage (calcific tendinosis)	<input type="radio"/>	<input type="radio"/>	
Peripheral Nerve	<input type="radio"/>	<input type="radio"/>	
Tenotomy	<input type="radio"/>	<input type="radio"/>	
Tendon Sheath (Please Specify) _____	<input type="radio"/>	<input type="radio"/>	

Select Injection Type:
Corticosteroid injection performed unless otherwise indicated

Viscosupplementation (Hyaluronic Acid) available from MIC at cost

Platelet-Rich Plasma (PRP) – fee for service

Spine Interventions

May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).

Specify procedure and then check appropriate level below.

Mechanical/Focal Pain		Radicular Pathway	
<input type="radio"/> Facet(s)	<input type="radio"/> MBB (diagnostic test only)	<input type="radio"/> RFA (Neurotomy or Rhizotomy) *will undergo MBB first	<input type="radio"/> Nerve Root Block (TFESI - Transforaminal Epidural Steroid Injection)

Cervical		R	L
<input type="radio"/> C2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C5/6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C6/7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> C7/T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thoracic		R	L
<input type="radio"/> T1/2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T5/6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T6/7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T7/8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T8/9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T9/10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T10/11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T11/12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> T12/L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lumbar		R	L
<input type="radio"/> L1/2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L2/3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L3/4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L4/5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L5/S1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SI Joint		R	L
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other		R	L
<input type="radio"/> Coccydynia (ganglion impar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Interlaminar epidural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Caudal epidural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Piriformis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lumbosacral pseudoarticulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Synovial Cyst Rupture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Pudendal Nerve Block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____ Date: _____

Practitioner's Stamp & Practice ID

Official Diagnostic Imaging Provider for:





ALL EXAMINATIONS Please bring your Health Care card and another piece of identification with this form.

If you have any questions about your exam, exam preparation, or need to change, or cancel your appointment, please contact Central Booking.

Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

***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.**





Pain Management

- Please arrive 15-20 minutes prior to your appointment time.
- Reduce any pain medication the day of your appointment. You should be in enough discomfort (but not extreme) so you are able to determine if the pain has been relieved immediately following your injection.
- If you are on blood thinner medications, you may need to discontinue them prior to your appointment. Please inform us of any blood thinning medication you are taking when booking your appointment.
- Take all other medications, as prescribed by your practitioner. Bring a list of the medications you are taking.
- Bring a list of medications you are allergic to.
- You cannot have an active infection or be on treatment for an active infection on the day of your exam.
- MIC provides cortisone at no charge to patients. Viscosupplementation is available from MIC at cost. Platelet-Rich Plasma has a fee for service.
- If applicable, bring any joint medication (e.g. Synvisc, Cingal, etc.) you have purchased for this procedure. These products are not supplied by MIC.
- 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.
- A driver is required for the following:**
 1. When you are having a Nerve Root Block, Epidural Injection, MBB or RFA.
 2. When you are having more than one site injected on the same day.
- 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 practitioner immediately.
- Please do not bring children who require supervision, as we are unable to look after them.

Patients having **ACHILLES PROCEDURE:**

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

Locations – Hours of operation vary by examination Extended Hours available for X-ray

Edmonton	Hys Medical Centre	Terra Losa	Sherwood Park	St. Albert
 Century Park	202-11010 101 ST NW	9566 170 ST NW	Synergy Wellness Centre	 Summit Centre
201-2377 111 ST NW	Fax: 780.424.7780	Fax: 1.877.543.8044	109-501 Bethel DR	102-200 Boudreau RD
Fax: 780.461.8524	 Tawa Centre	 Windermere	Fax: 780.392.1268	Fax: 780.459.2376
Gateway Clinic	200-3017 66 ST NW	201-6103 Currents DRNW		
107-6925 Gateway Blvd NW	Fax: 780.461.7527	Fax: 1.888.442.2136		
Fax: 1.866.815.1715				