WOSLER DIAGNOSTICS

PAIN MANAGEMENT REQUISITION FORM

Please do not forget to bring this requisition form with you during the appointment.
To book an appointment, **please call 403.744.4133.**

260 - 8500 Blackfoot Trail SE,
Calgary, Alberta, T2J 7E1

rads@wosler.ca

FAX: 403 290 7440

BOOKING DATE/TIME

PATIENT AND APPOINTMENT INFORMATION

NAME

ADDRESS

CITY PROVINCE -- POSTAL CODE

HOME PHONE OTHER PHONE

DOB ☐ MALE ☐ FEMALE WEIGHT ☐ lbs ☐ kg

AHC# WCB#/ACCIDENT DATE

APPT. DATE TIME

PHYSICIAN INFORMATION

PRAC ID

REFERRING PHYSICIAN

CLINIC

PHONE FAX

COPY TO DR.

FAX COPY TO DR.

SIGNATURE

REASON FOR REFERRAL

☐ PROVIDE ASSESSMENT AND TREATMENT PLAN

DIABETIC: ☐

PREGNANCY: ☐ Y ☐ N

LMP:_____

☐ REPEAT INJECTION_____(# OF TIMES/YEAR)

MSK PROCEDURES

STEROID INJECTION PERFORMED UNLESS OTHERWISE INDICATED

SHOULDER

Acromioclavicular	☐ R	☐ L
Biceps Tendon	☐ R	☐ L
Glenohumeral Joint	☐ R	☐ L
Sternoclavicular Joint	☐ R	☐ L
Subacromial Bursa	☐ R	☐ L

ELBOW

Elbow Joint	☐ R	☐ L
Lateral Epicondyle	☐ R	☐ L
Medial Epicondyle	☐ R	☐ L
Olecranon Bursa	☐ R	☐ L

WRIST/HAND

1st CMC/MCP	☐ R	☐ L
Carpal Tunnel	☐ R	☐ L
De Quervain's		
Olecranon Bursa	☐ R	☐ L
Ganglion Cyst	☐ R	☐ L
Radiocarpal Joint	☐ R	☐ L
Trigger Finger	☐ R	☐ L

HIP AND PELVIS

Hip Joint	☐ R	☐ L
Greater Trochanteric Bursa	☐ R	☐ L
Iliopsoas Bursa	☐ R	☐ L
Ischial Bursa	☐ R	☐ L
Pubic Symphisis	☐ R	☐ L
SI Joint	☐ R	☐ L

KNEE

Baker's Cyst Aspiration	☐ R	☐ L
Knee Joint	☐ R	☐ L

Other Site: _____

ANKLE/FOOT

Tibiotalar Joint	☐ R	☐ L
Subtalar Joint	☐ R	☐ L
Talonavicular Joint	☐ R	☐ L
Calcaneocuboid Joint	☐ R	☐ L
1st MTP Joint	☐ R	☐ L
Morton's Neuroma	☐ R	☐ L
Plantar Fascitis	☐ R	☐ L
Retrocalcaneal Bursa	☐ R	☐ L

OTHER

Ganglion Cyst (other sites)	☐ R	☐ L	_____
Tendon Sheath Injection	☐ R	☐ L	_____
Peripheral Nerve Injection	☐ R	☐ L	_____
Tenotomy	☐ R	☐ L	_____
Rotator Cuff Lavage	☐ R	☐ L	_____
Tendon Neo-vessel Injection	☐ R	☐ L	_____
Unspecified Procedure	☐ R	☐ L	_____

SPINAL PROCEDURES

MECHANICAL/FOCAL PAIN RADICULOPATHY

☐ Facet Joint ☐ Nerve Root Block

☐ Medial/Lateral Branch Block ☐ Radiofrequency Ablation

LUMBAR

☐ R	L1/2	☐ L		☐ R	L1	☐ L	
☐ R	L2/3	☐ L		☐ R	L2	☐ L	
☐ R	L3/4	☐ L		☐ R	L3	☐ L	
☐ R	L4/5	☐ L		☐ R	L4	☐ L	
☐ R	L5/S1	☐ L		☐ R	L5	☐ L	

SI JOINT

☐ R	S1	☐ L		☐ R	S1	☐ L	
☐ R	S2	☐ L		☐ R	Coccyx	☐ L	

ALLERGIES

☐ Xylocaine ☐ Contrast Dye

☐ Other: _____

MEDICATION

☐ Anticoagulants (Plavix, Coumadin, Heparin)

☐ Other:_____

OTHER INJECTABLES - UNINSURED SERVICES

☐ Platelet-Rich Plasma (PRP) ☐ Hyaluronic Acid ☐ Other Injectable

EXAM PREPARATION

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.

There are no food or drink restriction. Please have a small snack prior to your appointment.

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 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.

All procedures have the potential to affect your ability to operate a motor vehicle. Wosler Diagnostics recommend that you arrange transportation to and from the exam.

You cannot have an active infection or being treated for an active infection on the day of your procedure (i.e. taking antibiotics).

Serious complications are extremely rare. It is normal to have an increase in your pain the day and the day after your procedure. 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).

Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.

All corticosteroid and local anesthetic are provided to you at your appointment.
If you doctor has prescribed you with uninsured medications (i.e. hyaluronic acid, etc.)
Wosler Diagnostics can supply these to you for a reduced rate at our facility.

LOCATION AND CONTACT INFORMATION

WOSLER DIAGNOSTICS

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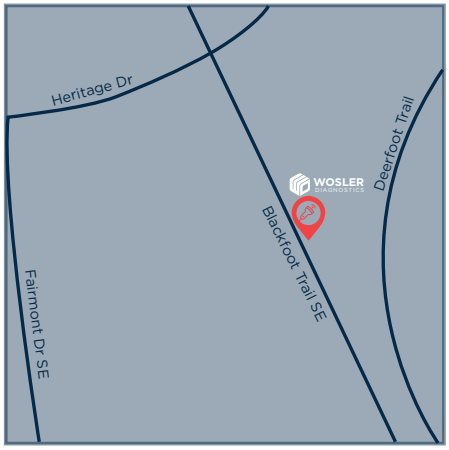
Calgary, Alberta, T2J 7E1

403 744 4133

403 290 7440 **(FAX)**

rads@wosler.ca

www.wosler.ca



ORDER FORM

TO OBTAIN THIS FORM:

Call us at 403.744.4133

Email your request at rads@wosler.ca

Print requisitions directly from wosler.ca/requisition-forms

Please provide the information below:

Clinic: _____

Addess: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

THANK YOU FOR YOUR PARTNERSHIP