PUREFORM RADIOLOGY

ETHANOL ABLATION REQUISITION

Phone: 403-726-9729 ext. 995 Email: IRBooking@mypureform.com www.mypureform.com

DATE OF REQUEST *(D/M/Y)*:

PATIENT INFORMATION

Name: _____ ☐ F ☐ M ☐ Undisclosed

Address: _____

City/Province: _____ Postal Code: _____

Home Phone: _____

Work/Mobile Phone: _____

Date of Birth: _____

AHC: _____

CLINICAL INDICATION

Clinical History

Required Criteria *(check all that apply)*

- ☐ Nodule is cystic (>90% cyst).
- ☐ Nodule is predominantly cystic (50-90% fluid).
- ☐ Nodule is benign (confirmed via previous biopsy/FNA).
- ☐ Nodule has recurred after simple drainage.

Symptoms *(check all that apply)*

- ☐ Local pressure or discomfort.
- ☐ Swallowing discomfort (dysphagia).
- ☐ Visible lump or cosmetic concerns.

SAFETY SCREEN

Bleeding history
☐ None ☐ Yes: _____

Antithrombotics (blood thinners)
☐ None ☐ Yes: _____

Antiplatelets
☐ None ☐ Yes: _____

Pregnancy
☐ None ☐ Yes: _____

Relevant Allergies
☐ None ☐ Yes: _____

CLINICAL EVALUATION

PLEASE PROVIDE A BASELINE FOR THE PATIENT'S CONDITION

Symptoms Score *(check one)*

0	1	2	3	4	5	6	7	8	9	10
NO DISCOMFORT					MODERATE					WORST POSSIBLE

Cosmetic Score *(check one)*

- ☐ **1.** No palpable mass
- ☐ **2.** Palpable mass but no cosmetic problem
- ☐ **3.** Cosmetic problem on swallowing only
- ☐ **4.** Readily detectable cosmetic problemy

PROCEDURE LOCATION

This procedure is performed at Pureform Radiology.

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PRIVATE-PAY PROCEDURE

IMPORTANT NOTICE

Ethanol ablation for thyroid nodules is not covered by provincial or public healthcare. The procedure fee must be paid by the patient or their private insurance provider. It is recommended that patients confirm coverage with their insurer prior to booking. **A security deposit of 25% of the procedure fee is required at the time of booking.**

REFERRING PRACTITIONER INFORMATION

Physician: _____
Clinic: _____ Prac ID: _____
Address: _____
Phone: _____ Fax: _____
Copy to: _____ Copy to fax: _____

PHYSICIAN STAMP

General Patient Instructions

1. Please bring your Alberta Health Card along with your requisition form to your appointment.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician.
3. Please bring an adult to supervise children.
4. Kindly arrive 20 minutes before your appointment time. If you are unable to keep your appointment, please call the Pain Management Department at 403-726-9729, option 1.
5. If you are late for your appointment, your exam may have to be rescheduled.
6. Please advise us of any mobility limitations and/or any preference of female/male technologist
7. Please avoid the use of fragrances as other patients may be sensitive.
8. Please have a snack prior to your appointment, there are no food or drink restrictions.
9. Please discuss with the specialized IR Booking team about your appointment if you are taking any anticoagulation's (Heparin, Plavix, Coumadin), or any antibiotics for an active infection as this may affect your appointment. You may be requested to have an INR or potentially stop taking these medication prior to your appointment.

Pureform Radiology recommends that you arrange transportation to and from your appointment. All procedures have the ability to affect your driving.

You must bring a driver with you to your appointment if:

- You are having a radiofrequency ablation, medical branch block, epidural, or nerve block injection.
- You are having bilateral injection.

Failure to do so will result in your appointment being rescheduled.

Possible Risks

Most effects are temporary, but may include:

- Pain, discomfort or a burning sensation
- Bruising, swelling, or bleeding
- Less common complications: Ethanol leaking outside the cyst, infection, temporary voice change, injury to nearby structures, thyroid dysfunction, or cyst recurrence.

A detailed informed consent will be obtained prior to the procedure.

CALGARY SOUTHEAST South Trail Location

Monday - Friday 8AM - 4PM
Open Saturday 9AM - 2PM

519 - 4916 130 Avenue SE T2Z 0G4

AIRDRIE Across from Royal Bank

Monday - Friday 8AM - 6PM
Open Saturday 9AM - 2PM

20 - 105 Main Street N T4B 0R3

CALGARY NORTHWEST Crowfoot Location

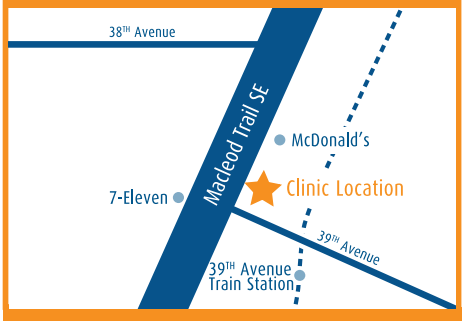
PLEASE REGISTER LICENSE PLATE AT PAY MACHINE BEFORE EXAM

Monday - Friday 8AM - 4PM
X-Ray Closed From 11:30AM - 12:30PM

350 - 600 Crowfoot Cres NW T3G 0B4

CALGARY CENTRAL Macleod Location

PLEASE REGISTER LICENSE PLATE AT PAY MACHINE BEFORE EXAM



Monday - Friday 8AM - 4PM

200 - 3916 Macleod Trail SE T2G 2R5