



PATIENT & APPOINTMENT INFORMATION

APPOINTMENT DATE

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

Name: _____ AHC/WCB #: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Gender: ☐ Female ☐ Male ☐ Undisclosed Date of Birth: D / M / Y Phone: _____ Other Phone: _____

RELEVANT HISTORY

☐ ASSESS AND TREAT. PROCEED WITH RADIOLOGISTS RECOMMENDATION

PATIENT DETAILS

WORK UP IMAGING MAY BE REQUIRED

Date of Request: D / M / Y

Repeat Procedures ☐ YES ☐ NO

Number Of Times: _____
(Limit 4 injections per site per year)

Medications

Depo-Medrol ☐
Kenalog ☐
Hyaluronic Acid + Cortisone ☐

FEE-FOR-SERVICE

☐ Platelet Rich Plasma (Macleod location only)
☐ Viscosupplementation
Some brands in stock at location, please ask your booking specialist what is available
☐ Other: _____

Pregnant ☐ YES ☐ NO
Breastfeeding ☐ YES ☐ NO
Diabetes ☐ YES ☐ NO

Allergies

Iodinated Contrast ☐ YES ☐ NO
Latex ☐ YES ☐ NO
Bupivacaine ☐ YES ☐ NO
Lidocaine ☐ YES ☐ NO
Other: _____
Anticoagulation ☐ YES ☐ NO
Coumadin ☐ YES ☐ NO
Plavix ☐ YES ☐ NO
Other: _____

PERIPHERAL PROCEDURES

Shoulder

☐ Subacromial Bursa ☐ R ☐ L
☐ Glenohumeral Joint ☐ R ☐ L
☐ Acromioclavicular Joint ☐ R ☐ L
☐ Biceps Tendon (Long Head) ☐ R ☐ L
☐ Tendon Calcification (Lavage) ☐ R ☐ L
☐ Arthrodistalation ☐ R ☐ L

Elbow

☐ Elbow Joint ☐ R ☐ L
☐ Lateral Epicondylitis ☐ R ☐ L
☐ Corticosteroid Injection Only
☐ Tenotomy (No Corticosteroid Injection)

☐ Medial Epicondylitis ☐ R ☐ L
☐ Corticosteroid Injection Only
☐ Tenotomy (No Corticosteroid Injection)

☐ Olecranon Bursa ☐ R ☐ L
☐ Drainage Only
☐ Drainage + Corticosteroid Injection

Wrist/Hand

☐ Radiocarpal Joint ☐ R ☐ L
☐ First CMC Joint ☐ R ☐ L
☐ Carpal Tunnel ☐ R ☐ L
☐ DeQuervain's Tenosynovitis ☐ R ☐ L
☐ Trigger Finger Digit: _____ ☐ R ☐ L
☐ Other Joint: _____

IMPORTANT PATIENT INSTRUCTIONS ON REVERSE

Pelvis

☐ Hip Joint ☐ R ☐ L
☐ Piriformis ☐ R ☐ L
☐ Greater Trochanteric Bursa ☐ R ☐ L
☐ Iliopsoas Bursa ☐ R ☐ L
☐ Ischial Bursa ☐ R ☐ L
☐ Pubic Symphysis ☐ R ☐ L
☐ Coccydynia (Ganglion impar) ☐ R ☐ L

Ankle/Foot

☐ Plantar Fascia ☐ R ☐ L
☐ Corticosteroid Injection Only
☐ Fasciotomy (No Corticosteroid Injection)
☐ Morton's Neuroma ☐ R ☐ L
☐ First MTP Joint ☐ R ☐ L
☐ Retrocalcaneal Bursa ☐ R ☐ L
☐ Subtalar Joint ☐ R ☐ L
☐ Tibiotalar Joint ☐ R ☐ L
☐ Other Joint: _____

Ganglion Cyst

☐ Ganglion Cyst: _____ (Specify Site) ☐ R ☐ L
☐ Drainage Only
☐ Drainage + Corticosteroid Injection

Tenotomy

☐ Site: _____ ☐ R ☐ L

Knee

☐ Knee Joint ☐ R ☐ L
☐ Pes Anserine Bursa ☐ R ☐ L
☐ Baker's Cyst ☐ R ☐ L
☐ Drainage Only
☐ Drainage + Corticosteroid Injection
☐ Effusion ☐ R ☐ L
☐ Drainage Only
☐ Drainage + Corticosteroid Injection

Spinal Procedures MACLEOD & AIRDRIE ONLY

☐ Sacroiliac Joint ☐ R ☐ L
☐ Lumbar Facet Joint
☐ L1/L2 ☐ R ☐ L
☐ L2/L3 ☐ R ☐ L
☐ L3/L4 ☐ R ☐ L
☐ L4/L5 ☐ R ☐ L
☐ L5/S1 ☐ R ☐ L

Lumbar Nerve Root Block

MRI completed within the past 12 months required prior to procedure
☐ L1 ☐ R ☐ L
☐ L2 ☐ R ☐ L
☐ L3 ☐ R ☐ L
☐ L4 ☐ R ☐ L
☐ L5 ☐ R ☐ L
☐ S1 ☐ R ☐ L

REFERRING PRACTITIONER INFORMATION

Please List ALL Applicable Information Below

Referring Physician: _____
Clinic: _____
Address: _____
Phone: _____ Fax: _____
Copy to: _____ Copy to fax: _____
☐ Send images with patient (CD copy) Date of Request: D / M / Y

Practitioner's ID/Stamp: _____
Signature: _____

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 15 min before your appointment & call (24 hours prior) if you are unable to keep your appointment at (403) 726-9729.
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.

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

If you are having bilateral injections or a lumbar nerve root block procedure, you will require someone to drive you home.

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. However, please do not stop any pain medication that has been prescribed by your doctor without consulting them first.

Preparation Instructions

Please note, exam preparation is essential in order to complete your exam

ACHILLES/PLANTAR FASCIA TENOTOMY

You will be required to purchase a walking boot to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will have to wear this walking boot for two weeks post procedure.

PATELLAR TENOTOMY

You will be required to purchase a hard knee brace to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will be required to wear this brace for two weeks post procedure.

VISCOSUPPLEMENTATION

If your physician has requested this type of treatment you will need a prescription from your doctor. You will need to purchase the medication before your appointment and bring it with you. However, we do have a supply of some brands in stock, which is available for purchase at our locations. Please check with your booking specialist if you have any questions.

Serious complications are extremely rare but can happen. It may be normal to experience increased pain and discomfort for up to 48-72 hours after injection. If you develop a fever/chills or any sign of infection, develop new numbness or weakening in your limbs please contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital emergency department.

X-RAY EXAMS

X-Ray exams are provided on a walk-in basis. No appointment necessary. Please note there may be longer wait times from 11:30-12:30 due to the lunch hour. Additionally our Crowfoot and Macleod locations both close for X-Ray over the lunch hour.

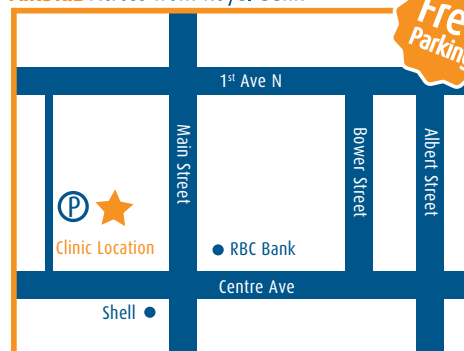
CALGARY SOUTHEAST South Trail Location



Monday - Friday 8AM - 4PM
Open Saturday 9AM - 3PM

519 - 4916 130 Avenue SE T2Z 0G4

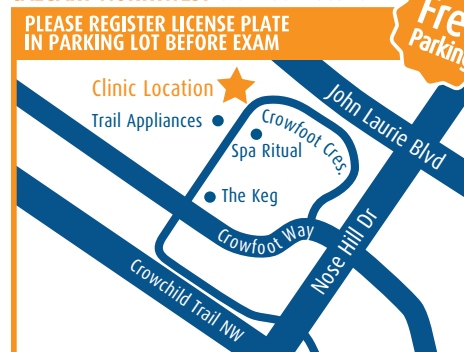
AIRDRIE Across from Royal Bank



Monday - Friday 8AM - 4PM
Open Saturday 9AM - 3PM

20 - 105 Main Street N T4B 0R3

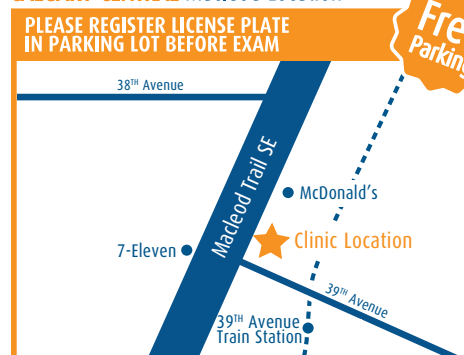
CALGARY NORTHWEST Crowfoot Location



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

350 - 600 Crowfoot Cres NW T3G 0B4

CALGARY CENTRAL Macleod Location



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

200 - 3916 Macleod Trail SE T2G 2R5