



PATIENT & APPOINTMENT INFORMATION

APPOINTMENT DATE

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

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

RELEVANT HISTORY

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)

Medication Type: _____
(We provide Depo-Medrol & Triamcinolone at no cost)

MD Initials: _____

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

Plavix

Other: _____

Previous images/reports are reviewed by an
Interventional Radiologist prior to treatment.

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

- 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

- 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

- 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

- 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

Tenotomy
Site: _____ R L

Spinal Procedures

Airdrie location only

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

REFERRING PRACTITIONER INFORMATION

Name: _____
Copy to: _____
Phone: _____ Fax: _____
Address: _____

Practitioner's ID/Stamp:

Send images with patient (CD copy)

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 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 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.

SYNVISC OR DUROLANE

If your physician has requested one of the above medications, you will need a prescription from your doctor. You will need to purchase the medication before your appointment and bring it with you.

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.

CALGARY SOUTHEAST South Trail Location



Free Parking

Monday - Friday 8AM - 5PM
Open Saturday 9AM - 3PM

519 - 4916 130 Avenue SE T2Z 0G4

AIRDRIE Across from Royal Bank



Free Parking

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

20 - 105 Main Street N T4B 0R3

CALGARY NORTHWEST Crowfoot Location



Free Parking

Monday - Friday 8AM - 4PM

350 - 600 Crowfoot Cres NW T3G 0B4

CALGARY CENTRAL Macleod Location



Free Parking

Monday - Friday 8AM - 4PM

200 - 3916 Macleod Trail SE T2G 2R5