CG Medical Imaging

PAIN THERAPY REQUISITION

Address: 4774 Westwinds Drive NE, Unit 140
Calgary, AB T3J 0L7
3735 Rundlehorn Drive NE, Unit 12
Calgary, AB T1Y 2K1
Phone: 1-587-623-0900
Fax: 1-587-623-0901
Email: booking@cgami.ca

PATIENT INFORMATION

Date of Request	Appointment Date	Today's Date
Name	DOB	AHC#
Address	City/Province	Postal Code
Phone Number	Other Phone Number	
☐ Male	☐ Female	Please Bring your Health Care and ID Cards

FOR REFERRER	ALLERGIES	MEDICATIONS
☐ Repeats Required? ☐ Yes ☐ No	☐ Latex	☐ Taking blood thinners?
Number / Year	☐ Iodine/ Xray Contrast	Type
(Max four per area per year)	☐ Corticosteroids	☐ Permission by doctor to stop blood thinners for two days prior to injections* (Please attach most recent INR results)

REFERRER INFORMATION

Name	Phone Number	Fax Number
Address	Postal Code	City
CC Copy	Practitioner's ID number	Practitioner's Signature

PAIN THERAPY SITE

SHOULDER

☐ Glenohumeral Joint	☐ R	☐ L	☐ B
☐ Hydrodilatation (adhesive capsule)	☐ R	☐ L	☐ B
☐ Biceps Tendon	☐ R	☐ L	☐ B
☐ AC Joint	☐ R	☐ L	☐ B
☐ Subacromial Bursa	☐ R	☐ L	☐ B

ELBOW

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

PELVIS & HIP

☐ Hip Joint	☐ R	☐ L	☐ B
☐ Greater Trochanter Bursa	☐ R	☐ L	☐ B

☐ **ASSESS & TREAT**

☐ **ANY OTHER INJECTION SITE**

WRIST & HAND

☐ Carpal Tunnel	☐ R	☐ L	☐ B
☐ Wrist Joint	☐ R	☐ L	☐ B
☐ Ganglion Cyst	☐ R	☐ L	☐ B
☐ Trigger Finger	☐ R	☐ L	☐ B
☐ Median Nerve	☐ R	☐ L	☐ B
☐ 1st CMC Joint	☐ R	☐ L	☐ B
☐ MCP Joint	☐ R	☐ L	☐ B
☐ De Quernvain's Tenosynovitis	☐ R	☐ L	☐ B
☐ Other			

KNEE

☐ Knee Joint	☐ R	☐ L	☐ B
☐ Bakers Cyst	☐ R	☐ L	☐ B
☐ Pes Anserine Bursa	☐ R	☐ L	☐ B
☐ Suprapatellar Bursa Aspiration	☐ R	☐ L	☐ B
☐ Ischial Bursa	☐ R	☐ L	☐ B

☐ **Viscosupplementation Injection**

SPINE

☐ Lumbar Facets			
☐ L1 – L2	☐ R	☐ L	☐ B
☐ L2 – L3	☐ R	☐ L	☐ B
☐ L3 – L4	☐ R	☐ L	☐ B
☐ L4 – L5	☐ R	☐ L	☐ B
☐ L5 – S1	☐ R	☐ L	☐ B
☐ Si Joints	☐ R	☐ L	☐ B
☐ Piriformis	☐ R	☐ L	☐ B
☐ Coccyx			

ANKLE & FOOT

☐ Ankle Joint	☐ R	☐ L	☐ B
☐ Plantar Fasciitis	☐ R	☐ L	☐ B
☐ Retrocalcaneal Bursa	☐ R	☐ L	☐ B
☐ Morton's Neuroma	☐ R	☐ L	☐ B
☐ Intertarsal	☐ R	☐ L	☐ B
☐ MTP Joint	☐ R	☐ L	☐ B
☐ Other			

SIGNIFICANT CLINICAL HISTORY & DIAGNOSIS

CGA Medical Imaging

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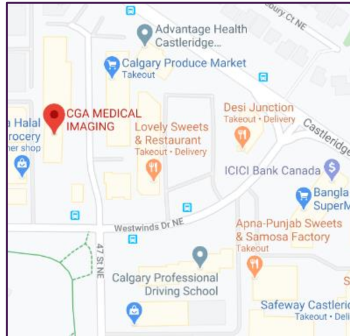
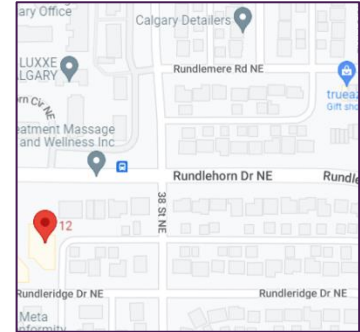
You can fax any requisition and we will contact the patient to book an appointment.
We speak a variety of languages to aid in your booking process.

4774 Westwinds Dr NE
Unit 140 Calgary AB
The parking is free and is first come first serve.



3735 Rundlehorn Drive NE
Unit 12 Calgary, AB
Parking is free and is first serve.
**Rundle only provides x-rays*



PATIENT INSTRUCTIONS

General

- We accept patients of all ages
- Please arrive 10 minutes prior to your scheduled appointment time
- You must have your Alberta Health Care card and another form of ID with you (i.e. Driver's License)
- If you need to cancel your appointment, please phone (587) 623-0900
- Please bring an adult to supervise your children

Preparation

Diabetics
There are no food or drink restrictions, please eat and drink as normal.

Medications
If you are prescribed a specific medication for this injection, please get your prescription and bring it with you to your appointment.

Arrange a Driver
For your comfort, you can arrange for a ride to and from your appointment (not required).

Effective Date: Dec 11, 2023