CG Medical Imaging

Address: 101, 2012 8th Ave Cold Lake AB
Phone: 1-780-639-0900
Cold Lake Fax: 1-780-639-0906
Website: www.cgami.ca
Email: booking@cgami.ca

PAIN THERAPY REQUISITION

PATIENT INFORMATION

Date of Request	Appointment Date	
Name	DOB	
Address	City/Province	
Phone Number	Other Phone Number	
☐ Male	☐ Female	

REFERRER INFORMATION

Today's Date
AHC#
Postal Code
Please Bring your Health Care and ID Cards

FOR REFERRER

☐ Repeats Required? ☐ Yes ☐ No

Number / Year

(Max four per area per year)

ALLERGIES

☐ Latex

☐ Iodine/ Xray Contrast

☐ Corticosteroids

MEDICATIONS

☐ Taking blood thinners?

Type

☐ 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			

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 Quervain'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	☐ R	☐ L	☐ B

SIGNIFICANT CLINICAL HISTORY & DIAGNOSIS

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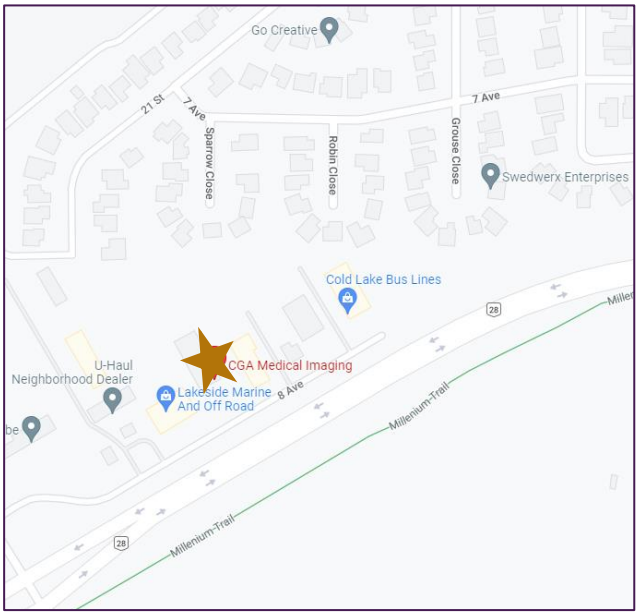
PAIN THERAPY REQUISITION

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.

LOCATION

COLD LAKE:
101, 2012 8th Ave
Cold Lake AB
T9M 1C2
Phone: 1-780-639-0900
Fax: 1-780-639-0900



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).