

Patient & Appointment Information

Date of Requisition: DD/MM/YY

Name
Address
City Province Postal Code
Home Phone Other Phone
DOB DD/MM/YY Male Female Weight [lbs / kg]
AHC# WCB#/Accident Date DD/MM/YY

Physician

Referring Physician
Clinic
Phone
Fax
Copy to Dr.
Fax Copy to Dr.
PRAC ID
Signature

Appt. Date Time CDC Site CALEO HEALTH

1 Clinical History

2 Allergies Latex X-ray Contrast/Dye Other Medication Anticoagulation ASA Other

3 Assessment Further assess patient to develop treatment plan Rehabilitation Facilitate post-procedure physical rehabilitation

4 Repeat Repeat all Instructions No. of Times MD Initials

5 Peripheral Procedures CDC will use steroid for peripheral procedures unless otherwise indicated

Therapy Choice Steroid Botox®* Platelet Rich Plasma (PRP)* Prolotherapy
All can be supplied by CDC Monovisc®* Cingal* SportVis Durolane*

Shoulder

Shoulder (not specified) R L
 Subacromial Bursa R L
 Glenohumeral Joint R L
 Hydrodilatation for adhesive capsule R L
 AC Joint R L
 Biceps Tendon (long head) R L
 Tendon Calcification (>5 mm) R L

Elbow

Elbow Joint R L
 Lateral Epicondylitis R L
 Medial Epicondylitis R L
 Olecranon Bursa R L

Wrist and Hand

Radiocarpal Joint R L
 1st CMC Joint R L
 Carpal Tunnel R L
 DeQuervain's Tenosynovitis R L
 Trigger Finger R L
 Ganglion Cyst R L

Other Joint/Tendon/Bursa

Knee

Knee Joint R L
 Baker's Cyst R L

Hip and Pelvis

Hip Joint R L
 Greater Trochanteric Bursa R L
 Gluteus Tendon (PRP) R L
 Iliopsoas Bursa R L
 Ischial Bursa R L
 Piriformis Syndrome R L
 Meralgia Paresthetica R L
 Symphysis Pubis R L

Ankle and Foot

Ankle Joint (Tibiotalar) R L
 Subtalar Joint R L
 1st MTP Joint R L
 Achilles Tendon (PRP) R L
 Retrocalcaneal Bursa R L
 Plantar Fascia R L
 Ganglion Cyst R L
 Morton's Neuroma R L

5 Spinal Procedures

Lumbar Facets

Stage 1:
Facet Joint Injections L1/L2 R L
 Stage 2a:
Branch Block Test L2/L3 R L
L3/L4 R L
 Stage 2b:
Radiofrequency L4/L5 R L
Neurotomy L5/S1 R L
SI Joint R L

Thoracic Facet Joint R L

Pars Interarticularis R L
 Coccyx

Lumbar Epidural Steroid Injection L1/L2 R L
L2/L3 R L
L3/L4 R L
L4/L5 R L
L5/S1 R L
SI R L
L1 Lumbar Selective Nerve Root Block
L2
L3
L4
L5

Interlaminar ESI L3/L4 L5/S1
 L4/L5 Caudal ESI

Lumbar Puncture Volume

Lumbar Intradiscal Steroid (Modic I changes on MRI)

Lumbar Intradiscal PRP (Annular tear on MRI)

Cervical Facets & Epidurals

Stage 1:
Facet Joint Injection C2/C3 R L
C3/C4 R L
 Stage 2a:
Branch Block Test C4/C5 R L
C5/C6 R L
 Stage 2b:
Radiofrequency C6/C7 R L
Neurotomy C7/T1 R L
Cervical Epidural Steroid Injection (Transfacet)

Headache

3rd Occipital Nerve R L
 Greater & Lesser Occipital Nerves R L
 Botox® for Chronic Migraine*
 TMJ Botox R L
 TMJ Joint Injection R L
 Sphenopalatine Ganglion Block (Bilateral)

Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please have healthcare card and requisition form available.

Ph Caleo Health:

403.338.4010

Fax:

403.338.4011

Email: appointments@CanadaDiagnostics.ca

PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

- Arrive 15 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from the wearing of scented products
- Please bring an adult to supervise children under the age of 12

Locations

Northwest

- 1. Brentwood**
830-3630 Brentwood Rd NW, T2L 1K8
Ph: 403.338.4000 | Fax: 403.210.0075
Pain Management | X-ray
Ultrasound | GI Studies
- 2. Symons Valley**
32-12192 Symons Valley Rd NW, T3P 0A3
(Creekside Shopping Centre)
Ph: 403.212.5640 | Fax: 403.212.5642
Pain Management | X-ray | Ultrasound | GI Studies
Mammography | Bone Mineral Densitometry
- 3. Caleo Health**
200-1402 8 Ave NW, T2N 1B9
Ph: 403.338.4010 | Fax: 403.338.4011
Pain Management

Southwest

- 4. Chinook**
1-6020 1A St SW, T2H 0G3
Ph: 403.253.4666 | Fax: 403.301.2073
Pain Management | Private MRI/CT
X-ray | Ultrasound | GI Studies
- 5. Glenmore Landing**
D270-1600 90 Ave SW, T2V 5A8
Ph: 403.252.5882 | Fax: 403.640.2948
Pain Management | X-ray
Ultrasound | Mammography
- 6. Calgary Women's Imaging Centre***
20 Richard Way SW, T3E 7M9
Ph: 403.685.3123 | Fax: 403.685.3235
Pain Management | Women's Imaging | Ultrasound
Mammography | Bone Mineral Densitometry
- 7. Westhills**
200A Stewart Green SW, T3H 3C8
Ph: 403.685.6175 | Fax: 403.685.6199
Pain Management | X-ray | Ultrasound | GI Studies
Mammography | Bone Mineral Densitometry

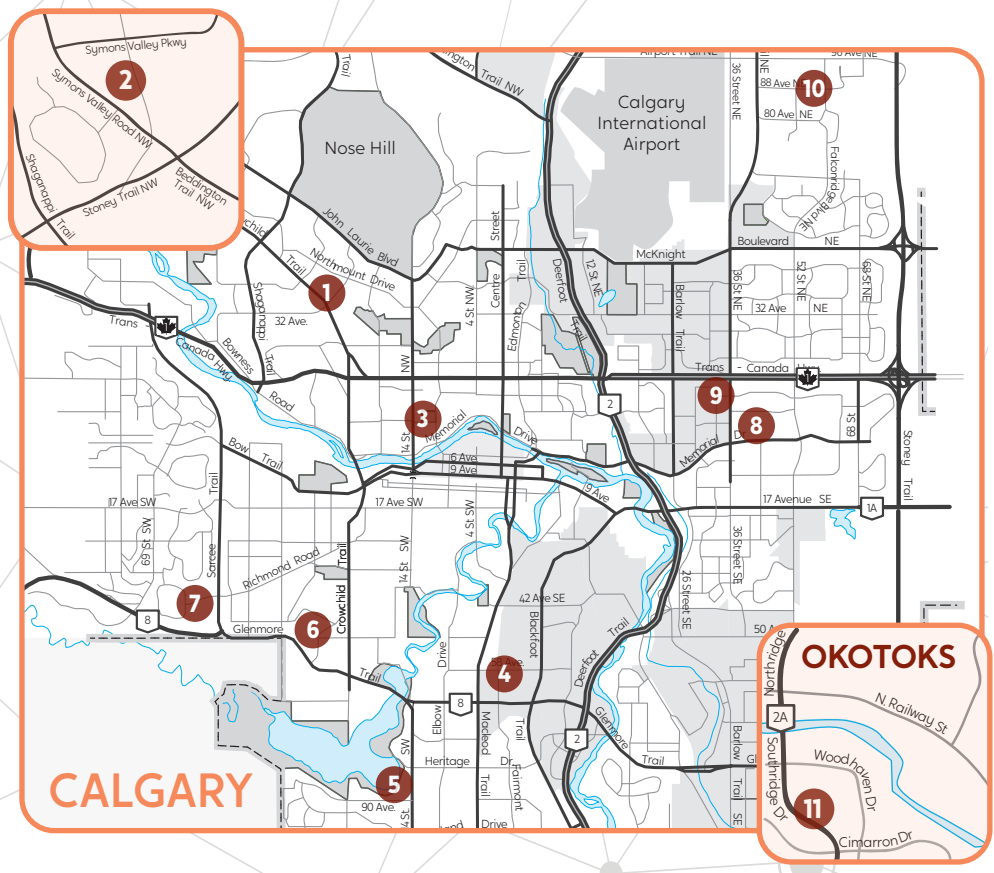
South of Calgary

- 11. Okotoks**
141-31 Southridge Dr, T1S 2N3
Ph: 403.995.2727 | Fax: 403.995.2737
Pain Management | X-ray | Ultrasound | GI Studies
Mammography | Bone Mineral Densitometry

*X-ray not available at this location

Northeast

- 8. Marlborough**
411 Marlborough Way NE, T2A 7E7
Ph: 403.273.9002 | Fax: 403.569.8097
Pain Management | Kid's Imaging
X-ray | Ultrasound
GI and GU Studies
- 9. Pacific Place**
959-999 36 St NE, T2A 7X6
Ph: 403.215.2900 | Fax: 403.215.2920
Pain Management
X-ray | Ultrasound
GI Studies | Mammography
Bone Mineral Densitometry
- 10. Savanna**
8130-5850 88 Ave NE, T3J 0Z7
Ph: 403.212.7650 | Fax: 403.212.7655
Pain Management
X-ray | Ultrasound
Mammography



Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

Continue to take all regular medications as prescribed by your doctor.

Please be aware that your doctor may need to prescribe medication changes prior to your procedure if you are on blood thinners. You must inform us of any blood thinner medications you are taking at the time of booking.

DO NOT chew gum or drink carbonated beverages on the day of your spine or lower back procedure as this may interfere with image quality due to excess bowel gas.

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.

If your doctor has prescribed a medication for us to inject, please call us as we can likely provide it to you directly.

Gowns are provided for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that your clothing could be accidentally stained by disinfectant.

Once treatment is complete, a technologist will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level.

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Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.

Serious complications are extremely rare but can happen. It may be normal to experience some mildly increased pain and discomfort the day after your procedure. However, if you suffer steadily worsening pain, experience fever/chills or any sign of infection, develop new numbness or weakening in your limbs, or lose normal bladder/bowel control, contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital Emergency Department. Failure to do so may result in permanent disability.

All procedures have the potential to affect your ability to operate a motor vehicle. Canada Diagnostic Centres recommends that you arrange transportation to and from the exam.

Special instructions for your cervical procedure, nerve root block, epidural or radiofrequency neurotomy

You must always be accompanied by an adult to and from your appointment. You must arrange for transportation to and from your appointment. Failure to comply with the instructions above will result in your appointment being rescheduled.