

Booking: (403) 244-3700
 Fax: (403) 210-8382
 Email your requisition to: mskbooking@efwrad.com

Date of Issue

Patient Information

Place patient label here

Name _____

DOB DD/MM/YY Male Female _____

Address _____

City/Province _____ Postal Code _____

Phone (Home) _____ (Work) _____

Cell _____ Email _____

AHC# _____ WCB# _____

RELEVANT HISTORY

Assess and treat (pre-injection assessment)

Relevant images & results _____

PATIENT DETAILS

ALLERGIES

Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N	Iodine/X-ray contrast <input type="checkbox"/> Y <input type="checkbox"/> N
Breastfeeding <input type="checkbox"/> Y <input type="checkbox"/> N	Latex <input type="checkbox"/> Y <input type="checkbox"/> N
History of diabetes <input type="checkbox"/> Y <input type="checkbox"/> N	Corticosteroids <input type="checkbox"/> Y <input type="checkbox"/> N
	Other _____

MEDICATION

Anticoagulation Y N

Approved temporary discontinuation if required Y N (See reverse)

Type Coumadin Xarelto Eliquis Heparin/LMWH

Plavix Pradaxa Other _____

INJECTABLES

Insured

Uninsured

Type <input type="checkbox"/> Anaesthetic	<input type="checkbox"/> Synvisc	<input type="checkbox"/> Cingal	<input type="checkbox"/> Synolis
<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Monovisc/Orthovisc	<input type="checkbox"/> Sport Vis	
	<input type="checkbox"/> Durolane	<input type="checkbox"/> Botox	
	<input type="checkbox"/> Platelet Rich Plasma Injection PRP (with consult)		
	<input type="checkbox"/> nSTRIDE (with consult)		
<input type="checkbox"/> Other _____			

REFERRING PHYSICIAN

Physician name _____

Signature _____

Physician phone _____

Physician address _____

Physician stamp: _____

Additional copies to _____

BOOKING PROTOCOL

Appointment(s) required. Email or fax requisition to EFW Radiology. EFW Radiology to confirm appointment with patient

IMAGE GUIDED PROCEDURES

FACET JOINT PROCEDURES

Facet joint injection

Medial branch block for potential RF neurotomy

Cervical R L SPECIFY LEVELS _____

Thoracic R L SPECIFY LEVELS _____

Lumbar R L SPECIFY LEVELS _____

Repeat facet joint RF neurotomy R L SPECIFY LEVELS _____

OTHER SPINE PROCEDURES

Pars interarticularis block for spondylolysis R L SPECIFY LEVELS _____

Sacroiliac joint injection R L

SI joint Lateral branch blocks for potential RF neurotomy R L

Repeat SI joint neurotomy R L

Lumbar epidural steroid injection Interlaminar Caudal

Transfacet cervical nerve block (C3-C8) SPECIFY LEVELS _____

Intercostal / Subcostal nerve block (T1-T12) SPECIFY LEVELS _____

Transforaminal epidural steroid injection / Selective nerve block (L1-S2) SPECIFY LEVELS _____

Other _____

PERIPHERAL PROCEDURES

Shoulder

Subacromial bursa R L

Glenohumeral joint R L

Acromioclavicular joint R L

Biceps tendon (long head) R L

Wrist / Hand

Radiocarpal joint R L

1st CMC joint R L

Carpal tunnel R L

Trigger finger R L

Elbow

Elbow joint R L

Lateral epicondylitis R L

Medial epicondylitis R L

Knee

Knee joint R L

Genicular nerve block for potential RF neurotomy R L

Bursa SPECIFY _____

Ankle / Foot

Tibiotalar joint R L

Subtalar joint R L

Talonavicular joint R L

Calcaneocuboid joint R L

1st MTP R L

Retrocalcaneal bursa R L

Plantar fasciitis R L

Pelvis

Hip joint R L

Greater trochanteric bursa R L

Iliopsoas bursa R L

Ischial bursa R L

Pubic symphysis R L

Ganglion Cyst SPECIFY SITE _____

Other

MUSCLE BLOCKS (Anesthetic only unless otherwise specified)

Psoas Muscle R L Quadratus Lumborum R L

Piriformis Muscle R L Iliopsoas Muscle R L

Other _____

OTHER PROCEDURES

Peripheral Nerve Injection SPECIFY NERVE _____

Calcific Tendinitis lavage SPECIFY TENDON _____

Tenotomy SPECIFY TENDON _____

Unspecified Procedure _____

Repeats for Procedure(s)

Yes No

Number of times per year _____

PATIENT INSTRUCTIONS

AN INFORMATION PACKET CAN BE RECEIVED VIA EMAIL

Please Remember

- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- You will be asked EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID.
- If you do not have your card you may be asked to return for your examination.
- Please bring your requisition with you.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.
- You are required to give our office 3 business days notice if you need to cancel or reschedule the appointment(s).
- There are no restrictions to your diet; you may eat and drink before your procedure.
- Note that we advise against corticosteroid injection within two weeks (14 days) of any vaccination. If you have an upcoming vaccination following your corticosteroid procedure, the vaccination should be scheduled two weeks (14 days) from the last dose of corticosteroid. Please call the booking line if you have had a vaccination within 14 days of your corticosteroid injection, the appointment may need to be cancelled.
- Call (403) 244-3700 press 1 to confirm appointment(s).

Transportation

If you are having a procedure involving the neck, SI joints, muscle blocks, or nerve blocks in the spine, we ask that you make arrangements for transportation as you will not be able to drive after your procedure for the rest of the day. There are several other procedures which will require alternate transportation arrangements (alternate driver, bus, or cab, etc) as you will not be able to drive for the rest of the day after your procedure. Your appointment will be re-booked for these procedures if you do not have a driver. There are other procedures however, which do not require a driver and you will be allowed to drive after the procedure. Please refer to the email patient advice you received when your appointment was booked. If you did not receive this email, please call 403-244-3700. If you are having a procedure involving Thoracic Facet Injections or Pars Block Injections, a driver is not required.

Antibiotics & Infection

Please note that we will not be able to continue with your procedure if you have an active infection or are on antibiotics. The medication (cortisone) we use will reduce the effectiveness of the antibiotics. If you are on antibiotics, please call our booking line at (403)-244-3700.

Pain Medications

Please do not stop any pain medication that has been prescribed by your doctor without consulting him or her first.

Please reduce any over the counter pain medication (Advil, Tylenol, etc.) the day of your appointment, so that you have enough discomfort (but not extreme) to determine if your procedure has been effective in relieving your symptoms. If you are in pain despite your medications, you do not need to decrease them.

Anticoagulants (Blood Thinners) If you are taking anticoagulants and must temporarily discontinue them for a procedure, we will need authorization from your doctor before an appointment can be made, which will be arranged by the department. Patient can resume blood thinner on next scheduled dose. Anticoagulation Hold Protocol: Lixiana (Edoxaban): Discontinue 2 days prior (3 days including day of procedure), Pradaxa (Dabigatran): Discontinue 2 days prior (3 days including day of procedure), Xarelto (Rivaroxaban - factor Xa inhibitor): Discontinue 2 days prior (3 days including day of procedure), Eliquis (Apixaban - factor Xa inhibitor): Discontinue 2 days prior (3 days including day of procedure), Persantine (Dipyridamole): Discontinue 4 days prior (5 days including day of procedure), Plavix (clopidogrel bisulfate): Discontinue 5 days prior (6 days including day of procedure), Aggrenox: Discontinue 3 days prior (4 days including day of procedure), Brilinta (Ticagrelor): Discontinue 5 days prior (6 days including day of procedure), Heparin- Lovenox (Enoxaparin), Fragmin (Dalteparin), Innohep (Tinzaparin), Fraxiparine (Nadroparin): Discontinue 24 hours prior; Warfarin/Coumadin: Discontinue 5 days prior (6 days including day of procedure) – INR required day prior NOTE: INR must be < 1.4.

*Not all treatments provided at the clinic are covered by Alberta Health. Some injectables come at a cost. For your convenience majority of the injectables can be purchased at EFW Radiology Cambrian at competitive pricing. Some injectables will be required to be purchased at a pharmacy prior to the appointment, with a prescription from your physician. These details will be discussed at the time of booking.

SEPARATE REQUISITIONS FOR:

General Diagnostic, Pediatric, MRI, or Liver

Available as PDF downloads on our website at EFW.ca, or call (403) 717-1816

Official diagnostic imaging provider for:



EFW is a proud partner of:



LOCATIONS & PARKING

EFW Radiology Cambrian

201, 2000 Veterans Place NW Calgary, AB T3B 4N2

Located on the first floor of the Cambrian Wellness Centre. Complimentary underground parking is available & will be validated at reception on the day of your appointment.

EFW Radiology Seton

212, 3883 Front Street SE Calgary, AB T3M 2J6

From Front Street turn south onto 37th Street and access parking on the rear (south side) of the Seton Professional Building. Underground and above ground parking available in designated EFW Radiology stalls. Parking in nondesignated EFW stalls will not be reimbursed. The EFW building is located across the street from the South Health Campus main entrance.

EFW Radiology Uxborough

200, 60 Uxborough Pl NW, Calgary, AB T2N 2V2

Complimentary parking available on the surface lot or underground (entrance for parkade is on the south side of the building) in unassigned stalls. No payment is required when attending our Clinic, however, you must register your license plate with reception to receive complementary parking. The parking lots are independently operated and if you pay for parking we are unable to reimburse you.

Notice: The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.