

NEW PAIN MANAGEMENT REQUISITION

The X-Ray Clinic at Northgate Centre LP

Phone/Booking: 780-476-XRAY (9729)

Suite 2018 & 2062, 9499 – 137 Avenue
(mall upper level above Walmart)
Edmonton, Alberta

Fax: 780-476-9732
www.thexrayclinic.ca



Patient's Name: _____

Date of Issue: DD / MM / YY

Address: _____ City: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Date of Birth: DD / MM / YY Age: _____

Sex: Male Female

PHN: _____
(for coverage, please present A.B.H. Card)

WCB

Clinic Use Only
Protocol:

RELEVANT HISTORY

IMAGE GUIDED PROCEDURES



FACET JOINT INJECTION (diagnostic + therapeutic)

RIGHT

- L1-2
- L2-3
- L3-4
- L4-5
- L5-S1

LEFT

- L1-2
- L2-3
- L3-4
- L4-5
- L5-S1

Repeat number of Injections: _____

OTHER SPINE PROCEDURES

Sacroiliac joint injection R L

Relevant images & results _____

PATIENT DETAILS

- Pregnant Y N
- Breastfeeding Y N
- History of diabetes Y N

ALLERGIES

- Iodine/X-ray contrast Y N
- Latex Y N
- Corticosteroids Y N
- Other: _____

REFERRING PHYSICIAN

Name: _____

Signature: _____

Phone: _____

Fax: _____

Address: _____

CC Doc: _____

Stamp: _____

Additional copies to: _____

PERIPHERAL PROCEDURES

SHOULDER

- Subacromial bursa R L
- Glenohumeral joint R L
- Acromioclavicular joint R L

WRIST / HAND

- Radiocarpal joint R L
- 1st CMC joint R L
- Small joints:
Specify: _____

PELVIS

- Hip joint R L
- SI joint R L
- Greater trochanteric bursa R L
- Iliopsoas bursa R L
- Ischial tuberosity R L
- Pubic symphysis

ELBOW

- Elbow joint R L
- Lateral epicondylitis R L
- Medial epicondylitis R L
- Olecranon bursa R L

KNEE

- Knee joint R L
- Bursa R L
- 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
- Small joints:
Specify: _____

Repeats for Procedure(s)

Yes No

Number of times per year: _____