P 587 391-2977 F 587 391-2978

Infini HEALTH

Sport • Spine • Pain Management

Performance & Rehabilitation Centre
Infini Health
431 58th Ave SE
Calgary, AB T2H 0P5

Diagnostic Centre
Infini Health
10003 24 St SW
Calgary, AB T2V 4J8

REQUISITION

Date of Referral DD MM YY

Patient Information

Place patient label here

STEP 1

Name

DOB DD MM YY ☐ Male ☐ Female ☐ Non-Specified

Address

City Province Postal Code

STEP 2

Phone Cell

Email

AHC#

WCB#

PATIENT HISTORY

STEP 3

☐ Consultation & Procedure ☐ Acute <8wks ☐ Procedure (Consultation PRN)

Imaging Completed / Dates

☐ X-Ray _____ ☐ Ultrasound _____ ☐ MRI _____

MEDICATIONS, ANTICOAGULATION & ALLERGIES

STEP 4

Medications Please Specify or Attach List _____

Anticoagulation ☐ Y ☐ N Type _____

Allergies

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

Additional Information

Diabetes	☐ Y	☐ N
Pregnant	☐ Y	☐ N
Breastfeeding	☐ Y	☐ N
Other _____		

MSK PROCEDURES

STEP 5

Shoulder

	L	R
☐ Subacromial Bursa	☐	☐
☐ Glenohumeral Joint	☐	☐
☐ Acromioclavicular Joint	☐	☐
☐ Biceps Tendon (Long Head)	☐	☐
☐ Rotator Cuff Lavage (Calcification)	☐	☐

Elbow

	L	R
☐ Elbow Joint	☐	☐
☐ Lateral Epicondyle (Extensor Tendon)	☐	☐
☐ Medial Epicondyle (Flexor Tendon)	☐	☐
☐ Olecranon Bursa	☐	☐

Wrist & Hand

	L	R
☐ Radiocarpal Joint	☐	☐
☐ 1st CMC Joint	☐	☐
☐ Carpal Tunnel	☐	☐
☐ Trigger Finger	☐	☐
☐ Cyst +/- Aspiration	☐	☐

Hip & Pelvis

	L	R
☐ Hip Joint	☐	☐
☐ Greater Trochanteric Bursa	☐	☐
☐ Iliopsoas Bursa ☐ Ischial Bursa	☐	☐
☐ Pubic Symphysis	☐	☐

Knee

	L	R
☐ Knee Joint	☐	☐
☐ Bursa (Specify) _____	☐	☐
☐ Baker's Cyst +/- Aspiration	☐	☐

Ankle & Foot

	L	R
☐ Tibiotalar Joint	☐	☐
☐ Subtalar Joint	☐	☐
☐ Talonavicular Joint	☐	☐
☐ Calcaneocuboid Joint L	☐	☐
☐ 1st MTP Joint	☐	☐
☐ Retrocalcaneal Bursa / Achilles Tendon	☐	☐
☐ Tendon Sheath (Specify) _____	☐	☐
☐ Plantar Fasciitis	☐	☐

SPINAL PROCEDURES

Headache

	L	R
☐ R Temporomandibular Joint	☐	☐
☐ C2 Ganglion ☐ 3rd Occipital Nerve	☐	☐
☐ Greater Occipital Nerve	☐	☐
☐ Botox for Chronic Migraine	☐	☐

Cervical Facets

		L	R
☐ Phase 1 Facet Joint Injection	C2 / C3	☐	☐
	C3 / C4	☐	☐
☐ Phase 2 Medial Branch Block	C4 / C5	☐	☐
	C5 / C6	☐	☐
☐ Phase 3 RF Neurotomy	C6 / C7	☐	☐
	C7 / T1	☐	☐

Lumbar Facets

		L	R
☐ Phase 1 Facet Joint Injection	L1 / L2	☐	☐
	L2 / L3	☐	☐
☐ Phase 2 Medial Branch Block	L3 / L4	☐	☐
☐ Phase 3	L4 / L5	☐	☐
RF Neurotomy	L5 / S1	☐	☐

Epidurals

☐ Cervical Epidural Steroid Injection (Transfacet) L ☐ R ☐
Specify level or nerve _____

☐ Lumbar Epidural Steroid Injection *
☐ Interlaminar ☐ Caudal

☐ Transforaminal Epidural Steroid Injection or Selective Nerve Block * L ☐ R ☐
Specify level or nerve _____

* MRI recommended

SI Joint ☐ Injection ☐ Neurotomy L ☐ R ☐

☐ Pars Interarticularis (Level) _____ L ☐ R ☐

☐ Coccyx

NERVE PROCEDURES

Injection (Specify) _____ L ☐ R ☐

Neurotomy (Specify) _____ L ☐ R ☐

JOINT NEUROTOMY

STEP 5

	L	R
☐ Shoulder	☐	☐
☐ Hip	☐	☐
☐ Knee	☐	☐

OTHER JOINT / TENDON / BURSA

Specify _____

INJECTION TYPE

STEP 6

☐ Anaesthetic Only ☐ Corticosteroids
☐ Botox ☐ Tenotomy
☐ Synvisc ☐ Platelet Rich Plasma (PRP)
☐ Durolane ☐ Stem Cells Therapy
☐ Other _____

REFERRING PHYSICIAN

STEP 7

Physician name

Signature

Physician phone

Physician address

Physician stamp

☐ Additional copies to _____

☐ Repeat Procedure ☐ Time(s) / Year

Infini HEALTH

Sport • Spine • Pain Management

INSTRUCTIONS FOR PHYSICIANS

- We recommend you contact us for any questions regarding consultations or procedures.
- We recommend all patients are evaluated by our medical team, prior to the procedure.
- We recommend rehabilitation for all patients prior to or post procedure to maximize results.
- We may modify a procedure based on history, exam, co-morbidities, anatomy, diagnostic imaging, patient request and medications. This may constitute a consultation.

INSTRUCTIONS FOR PATIENTS

Important

- Please bring valid Alberta Health Card and picture ID for your appointment.
- Please inform reception about any special requests or if you are ill, pregnant, diabetic or using anti-coagulation.
- Please be warned that if you are pregnant or suspecting pregnancy or missed a menstrual cycle, the procedure will not be completed and we will have to reschedule. Consult your physician before the exam date.
- Please arrive 30 minutes prior to your appointment. **Kindly wear a tank top and shorts.**
- A reminder for your appointment will be emailed to you two days before your scheduled appointment.

Special Instructions

Infection and Antibiotics

If you are experiencing any concurrent illness with or without antibiotics, we will need to reschedule your appointment, for approximately 2 weeks from the time the illness resolves. This is due to the possibility that the injection(s) may worsen the infection or illness.

Pain Medications

Please do not stop your medications unless requested by our team.

Anti-Coagulation (Blood Thinners)

Please do not stop your anti-coagulation medication unless requested by our team and in consultation with your medical team.

Diabetes

Please note, that your blood glucose may be elevated for approximately 2 weeks. Consult your physician to make appropriate adjustments to manage this.

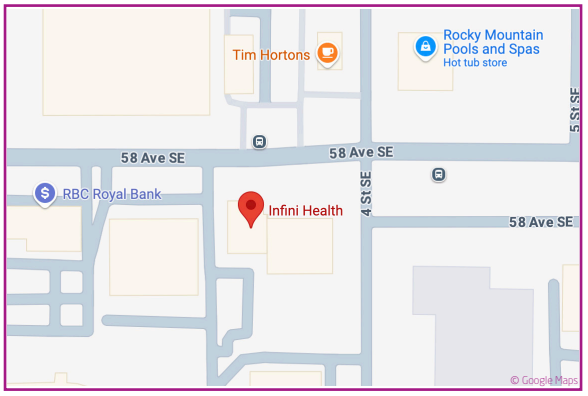
Driving and Special Procedures

All cervical procedures, epidural injections, SI joint injections, and neurotomy techniques require the patient to have transportation home with an accompanying adult. If transportation home is not available at the time of the appointment, the procedure may need to be rescheduled.

WHAT TO EXPECT

This is an imaged-guided pain procedure completed for pain. Typically, it is both diagnostic and potentially therapeutic. We ask that you arrive 30 minutes early and expect to spend up to 2 hours with our team. Please respect the needs and requirements of other patients, who may require more of our time. We will attend to you with the same care.

LOCATION AND PARKING



Performance & Rehabilitation Centre

Infini Health (Procedure Site)
431 58th Ave SE
Calgary, AB T2H 0P5

Diagnostic Centre

Infini Health (Assessment Site)
10003 24 St SW
Calgary, AB T2V 4J8

CANCELLATION POLICY

Please notify us at least 24 hours before the procedures if you plan to reschedule or cancel. Otherwise, there will be a cancellation fee unless you can provide appropriate documentation to support your absence. This valuable time can be used by other patients.

FOLLOW-UP

Please follow-up with your referring physician and medical team to review the results.

We may request a follow-up with our team to determine the success of the procedure and need for future treatments.

Medical Provider for: ALBERTA BALLET, CAVALRY *Cavalry FC*