



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Res: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: mm/dd/yyyy Age: \_\_\_\_\_  Male  Female  Non-binary

PHN: \_\_\_\_\_ WCB (Y/N) Other: \_\_\_\_\_

**Appointment Details**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

**Refer to Preparation Instructions on Reverse**

**\*ALL EXAMINATIONS\*** Please bring your Health Care card and another piece of identification with this form.

**Locations – Hours of operation vary by examination** ⌚ *Extended Hours available for X-ray*

<b>Edmonton</b> ① <b>Century Park</b> 201-2377 111 ST NW	<b>Gateway Clinic</b> 107-6925 Gateway Blvd NW <b>Hys Medical Centre</b> 202-11010 101 ST NW	<b>Heritage Valley Town Centre</b> 2903-119A ST SW <i>(opening spring 2025)</i>	<b>Manning Town Centre</b> 15425 37 ST NW ① <b>Tawa Centre</b> 200-3017 66 ST NW	<b>Terra Losa</b> 9566 170 ST NW ① <b>Windermere</b> 201-6103 Currents DRNW	<b>Sherwood Park Synergy Wellness Centre</b> 109-501 Bethel DR	<b>St. Albert Summit Centre</b> ① 102-200 Boudreau RD
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**Significant Clinical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Latex  
 Adhesive  
 Drug \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referring Practitioner**  Standing Order

**Extremity Interventions**

*May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).*

<p><b>Hip and Pelvis</b> R L</p> <p>Hip Joint <input type="radio"/> <input type="radio"/></p> <p>Greater Trochanteric Bursa <input type="radio"/> <input type="radio"/></p> <p>Iliopsoas Bursa <input type="radio"/> <input type="radio"/></p> <p>Ischial Bursa <input type="radio"/> <input type="radio"/></p> <p>Piriformis <input type="radio"/> <input type="radio"/></p> <p>Sacroiliac Joint <input type="radio"/> <input type="radio"/></p> <p>Symphysis Pubis <input type="radio"/> <input type="radio"/></p>	<p><b>Shoulder</b> R L</p> <p>Glenohumeral Joint <input type="radio"/> <input type="radio"/></p> <p>Subacromial Bursa <input type="radio"/> <input type="radio"/></p> <p>AC Joint <input type="radio"/> <input type="radio"/></p> <p>Biceps Tendon (long head) <input type="radio"/> <input type="radio"/></p> <p>Calcific Tendinosis (barbotage) <input type="radio"/> <input type="radio"/></p> <p>Arthrodistalation (frozen shoulder) <input type="radio"/> <input type="radio"/></p> <p>Sternoclavicular Joint <input type="radio"/> <input type="radio"/></p>
<p><b>Knee</b> R L</p> <p>Knee Joint <input type="radio"/> <input type="radio"/></p> <p>Baker's Cyst <input type="radio"/> <input type="radio"/></p> <p>IT Band <input type="radio"/> <input type="radio"/></p> <p>Pes Anserine Bursa <input type="radio"/> <input type="radio"/></p>	<p><b>Elbow</b> R L</p> <p>Elbow Joint <input type="radio"/> <input type="radio"/></p> <p>Olecranon Bursa <input type="radio"/> <input type="radio"/></p> <p>Medial Epicondyle <input type="radio"/> <input type="radio"/></p> <p>Lateral Epicondyle <input type="radio"/> <input type="radio"/></p>
<p><b>Ankle and Foot</b> R L</p> <p>Tibiotalar Joint <input type="radio"/> <input type="radio"/></p> <p>Subtalar Joint <input type="radio"/> <input type="radio"/></p> <p>Calcaneocuboid Joint <input type="radio"/> <input type="radio"/></p> <p>Talonavicular Joint <input type="radio"/> <input type="radio"/></p> <p>TMT/ MTP: 1 2 3 4 5 (Circle) <input type="radio"/> <input type="radio"/></p> <p>Morton's Neuroma <input type="radio"/> <input type="radio"/></p> <p>Plantar Fascia <input type="radio"/> <input type="radio"/></p> <p>Achilles Tendon (see reverse) <input type="radio"/> <input type="radio"/></p> <p>Retrocalcaneal Bursa <input type="radio"/> <input type="radio"/></p> <p>Other: _____ <input type="radio"/> <input type="radio"/></p>	<p><b>Wrist and Hand</b> R L</p> <p>Radiocarpal Joint <input type="radio"/> <input type="radio"/></p> <p>1st CMC/ MCP: 1 2 3 4 5 (Circle) <input type="radio"/> <input type="radio"/></p> <p>PIP/DIP: 1 2 3 4 5 (Circle) <input type="radio"/> <input type="radio"/></p> <p>Trigger Finger: 1 2 3 4 5 (Circle) <input type="radio"/> <input type="radio"/></p> <p>De Quervain's tenosynovitis <input type="radio"/> <input type="radio"/></p> <p>Ganglion Cyst <input type="radio"/> <input type="radio"/></p> <p>Carpal Tunnel <input type="radio"/> <input type="radio"/></p> <p>STT/Triscaphe Injection <input type="radio"/> <input type="radio"/></p>
<p><b>Select Injection Type:</b> Corticosteroid injection performed unless otherwise indicated</p> <p><input type="radio"/> Viscosupplementation (Hyaluronic Acid) available from MIC at cost</p> <p><input type="radio"/> Platelet-Rich Plasma (PRP) – fee for service</p>	<p><b>Other</b> R L</p> <p>Ganglion <input type="radio"/> <input type="radio"/></p> <p>Barbotage (calcific tendinosis) <input type="radio"/> <input type="radio"/></p> <p>Peripheral Nerve <input type="radio"/> <input type="radio"/></p> <p>Tenotomy <input type="radio"/> <input type="radio"/></p> <p>Tendon Sheath (Please Specify) _____ <input type="radio"/> <input type="radio"/></p>

**Spine Interventions**

*May require further imaging and/or consultation which will be arranged on your behalf. The treatment may be altered accordingly by the treating physician(s).*

**Specify procedure and then check appropriate level below.**

<p><b>Mechanical/Focal Pain</b></p> <p><input type="radio"/> Facet(s)</p> <p><input type="radio"/> RFA (Neurotomy or Rhizotomy) <i>*will undergo MBB first</i></p>	<p><b>Radicular Pathway</b></p> <p><input type="radio"/> Nerve Root Block (TFESI - Transforminal Epidural Steroid Injection)</p>	
<p>R L</p> <p><input type="radio"/> C2/3 <input type="radio"/></p> <p><input type="radio"/> C3/4 <input type="radio"/></p> <p><input type="radio"/> C4/5 <input type="radio"/></p> <p><input type="radio"/> C5/6 <input type="radio"/></p> <p><input type="radio"/> C6/7 <input type="radio"/></p> <p><input type="radio"/> C7/T1 <input type="radio"/></p>		<p>R L</p> <p><input type="radio"/> C2 <input type="radio"/></p> <p><input type="radio"/> C3 <input type="radio"/></p> <p><input type="radio"/> C4 <input type="radio"/></p> <p><input type="radio"/> C5 <input type="radio"/></p> <p><input type="radio"/> C6 <input type="radio"/></p> <p><input type="radio"/> C7 <input type="radio"/></p> <p><input type="radio"/> C8 <input type="radio"/></p>
<p><input type="radio"/> T1/2 <input type="radio"/></p> <p><input type="radio"/> T2/3 <input type="radio"/></p> <p><input type="radio"/> T3/4 <input type="radio"/></p> <p><input type="radio"/> T4/5 <input type="radio"/></p> <p><input type="radio"/> T5/6 <input type="radio"/></p> <p><input type="radio"/> T6/7 <input type="radio"/></p> <p><input type="radio"/> T7/8 <input type="radio"/></p> <p><input type="radio"/> T8/9 <input type="radio"/></p> <p><input type="radio"/> T9/10 <input type="radio"/></p> <p><input type="radio"/> T10/11 <input type="radio"/></p> <p><input type="radio"/> T11/12 <input type="radio"/></p> <p><input type="radio"/> T12/L1 <input type="radio"/></p>		<p><input type="radio"/> T1 <input type="radio"/></p> <p><input type="radio"/> T2 <input type="radio"/></p> <p><input type="radio"/> T3 <input type="radio"/></p> <p><input type="radio"/> T4 <input type="radio"/></p> <p><input type="radio"/> T5 <input type="radio"/></p> <p><input type="radio"/> T6 <input type="radio"/></p> <p><input type="radio"/> T7 <input type="radio"/></p> <p><input type="radio"/> T8 <input type="radio"/></p> <p><input type="radio"/> T9 <input type="radio"/></p> <p><input type="radio"/> T10 <input type="radio"/></p> <p><input type="radio"/> T11 <input type="radio"/></p> <p><input type="radio"/> T12 <input type="radio"/></p>
<p><input type="radio"/> L1/2 <input type="radio"/></p> <p><input type="radio"/> L2/3 <input type="radio"/></p> <p><input type="radio"/> L3/4 <input type="radio"/></p> <p><input type="radio"/> L4/5 <input type="radio"/></p> <p><input type="radio"/> L5/S1 <input type="radio"/></p>		<p><input type="radio"/> L1 <input type="radio"/></p> <p><input type="radio"/> L2 <input type="radio"/></p> <p><input type="radio"/> L3 <input type="radio"/></p> <p><input type="radio"/> L4 <input type="radio"/></p> <p><input type="radio"/> L5 <input type="radio"/></p>
<p>Sacroiliac Joint</p> <p><input type="radio"/> R <input type="radio"/> L</p>		<p><input type="radio"/> S1 <input type="radio"/></p> <p><input type="radio"/> S2 <input type="radio"/></p> <p><input type="radio"/> Epidural</p> <p><input type="radio"/> Piriformis</p> <p><input type="radio"/> R <input type="radio"/> L</p>
<p><input type="radio"/> Coccydynia (ganglion impar)</p> <p><input type="radio"/> R <input type="radio"/> L</p> <p><input type="radio"/> Lumbosacral pseudoarticulation</p> <p><input type="radio"/> R <input type="radio"/> L</p> <p><input type="radio"/> Synovial Cyst Rupture</p> <p><input type="radio"/> R <input type="radio"/> L</p> <p><input type="radio"/> Pudendal Nerve Block</p>		

Practitioner's Name: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Clinic Ph: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Copy to Dr: \_\_\_\_\_ Fax Copy To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Practitioner's Stamp & Practice ID*

Official Diagnostic Imaging Provider for:



**\*ALL EXAMINATIONS\*** Please bring your Health Care card and another piece of identification with this form.

If you have any questions about your exam, exam preparation, or need to change, or cancel your appointment, please contact Central Booking. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

**\*For all examinations (except ultrasound):**

1. If it has been more than 28 days since the start of your last period, please confirm with the technologist that you are not pregnant.
2. Some continuous glucose monitoring devices recommend removing the glucose monitor for all radiation imaging exams, while others specify that you only need to remove the device if it is in the direct beam. Some devices say that you don't need to remove them at all. Before scheduling a medical imaging exam at MIC, we recommend that all diabetic patients refer to their glucose monitoring device instructions so they can coordinate their appointment around the replacement of their device. If you are unsure if you will receive radiation during your appointment, please call our Central Booking team at 780-450-1500.


## Pain Management

- Please arrive 15-20 minutes prior to your appointment time.
- If it is your first time to have an injection to a new site, reduce any pain medication the day of your appointment. You should be in enough discomfort (but not extreme) so you are able to determine if the pain has been relieved immediately following your injection.
- If you are on blood thinner medications, you may need to discontinue them prior to your appointment. Please inform us of any blood thinning medication you are taking when booking your appointment.
- Take all other medications, as prescribed by your practitioner. Bring a list of the medications you are taking.
- Bring a list of medications you are allergic to.
- You cannot have an active infection or be on treatment for an active infection on the day of your exam. If you have an active infection, your exam may need to be rescheduled.
- MIC provides cortisone at no charge to patients. Viscosupplementation is available from MIC at cost. Platelet-Rich Plasma has a fee for service.
- If applicable, bring any joint medication (e.g. Synvisc, Cingal, etc.) you have purchased for this procedure. These products are not supplied by MIC.
- Once the procedure is completed, a technologist will ask that you wait for 20 minutes so we can re-evaluate your pain level before you leave.
- After your injection, you are advised to not engage in strenuous activity using the injected joint for the next two days (exception: if you are having an MBB/LBB performed there are no restrictions on activity).
- A driver is required:** when you are having a Nerve Root Block, Caudal Epidural Injection, or RFA.
- Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs the day after your injection, contact your practitioner immediately.
- Please do not bring children who require supervision, as we are unable to look after them.
- For Nerve Root Standing Orders - these can be performed up to once every two months, with a maximum total of six times per year.

**Locations – Hours of operation vary by examination**  *Extended Hours available for X-ray*



**Edmonton**

 **Century Park**  
201-2377 111 ST NW  
Fax: 780.665.4289

**Gateway Clinic**

107-6925 Gateway Blvd NW  
Fax: 1.866.815.1715

**Heritage Valley Town Centre**

2903-119A ST SW  
*(opening spring 2025)*

**Hys Medical Centre**

202-11010 101 ST NW  
Fax: 780.424.7780

**Manning Town Centre**


15425 37 ST NW  
Fax: 780.665.7276

 **Tawa Centre**

200-3017 66 ST NW  
Fax: 780.461.7527

**Terra Losa**

9566 170 ST NW  
Fax: 1.877.543.8044

 **Windermere**

201-6103 Currents DRNW  
Fax: 1.888.442.2136

**Sherwood Park**

**Synergy Wellness Centre**

109-501 Bethel DR  
Fax: 780.392.1268

**St. Albert**

 **Summit Centre**

102-200 Boudreau RD  
Fax: 780.459.2376

Partnered with