

DATE OF REQUEST (D/M/Y): _____ **APPT. DATE (D/M/Y):** _____ **TIME:** _____

PATIENT INFORMATION

Name: _____ F M O
 Address: _____
 City/Province: _____ Postal Code: _____

Home Phone: _____
 Work/Mobile Phone: _____
 Date of Birth (D/M/Y): _____
 AHC: _____ WCB: _____

REASON FOR REFERRAL

Provide assessment and treatment plan

Diabetic:
 Pregnancy: Y N
 LMP: _____

Repeat Injection _____ (# of times/year)

Beam may perform pre-intervention X-ray of the region of interest for guidance and/or to rule out underlying pathology when indicated

MSK PROCEDURES

STEROID INJECTION PERFORMED UNLESS OTHERWISE INDICATED

SHOULDER

Acromioclavicular Joint L R
 Biceps Tendon L R
 Glenohumeral Joint L R
 Sternoclavicular Joint L R
 Subacromial Bursa L R

ELBOW

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

WRIST/HAND

1st CMC/MCP L R
 Carpal Tunnel L R
 De Quervain's Tenosynovitis L R
 Ganglion Cyst L R
 Radiocarpal Joint L R
 Trigger Finger L R

OTHER

Ganglion cyst (other sites) L R _____
 Tendon sheath injection L R _____
 Peripheral nerve injection L R _____
 Tenotomy L R _____
 Rotator cuff lavage L R _____
 Tendon neo-vessel injection L R _____
 Unspecified procedure L R _____

HIP AND PELVIS

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

KNEE

Baker's Cyst Aspiration L R
 Knee Joint L R
 Other Site: _____

ANKLE/FOOT

Tibiotalar Joint L R
 Subtalar Joint L R
 Talonavicular Joint L R
 Calcaneocuboid Joint L R
 1st MTP Joint L R
 Morton's Neuroma L R
 Plantar Fasciitis L R
 Retrocalcaneal Bursa L R

SPINAL PROCEDURES

MECHANICAL/FOCAL PAIN RADICULOPATHY

Facet Joints Nerve Root Block
 Medial/Lateral Branch Block Radiofrequency Ablation

CERVICAL

L C2/3 R L C2 R
 L C3/4 R L C3 R
 L C4/5 R L C4 R
 L C5/6 R L C5 R
 L C6/7 R L C6 R
 L C7/T1 R L C7 R



THORACIC

L T1/2 R L T1 R
 L T2/3 R L T2 R
 L T3/4 R L T3 R
 L T4/5 R L T4 R
 L T5/6 R L T5 R
 L T6/7 R L T6 R
 L T7/8 R L T7 R
 L T8/9 R L T8 R
 L T9/10 R L T9 R
 L T10/11 R L T10 R
 L T11/12 R L T11 R
 L T12/L1 R L T12 R



LUMBAR

L L1/2 R L L1 R
 L L2/3 R L L2 R
 L L3/4 R L L3 R
 L L4/5 R L L4 R
 L L5/S1 R L L5 R



SACRUM

Coccyx L S1 R
 Ganglion Impar L S2 R



MUSCLE BLOCK

Piriformis
 Psoas Muscle
 Iliopsoas Muscle
 Quadratus Lumborum
 Other: _____

EPIDURAL

Cervical
 Lumbar
 Interlaminar
 Caudal

OTHER INJECTABLES – UNINSURED SERVICES

Platelet-Rich Plasma (PRP) - Specify location: _____
 Viscosupplementation (Hyaluronic Acid)
 Botox - Specify location: _____
 Other Injectable

ALLERGIES

Contrast Dye Xylocaine Other: _____

MEDICATION

Anticoagulants (Plavix, Coumadin, Heparin) Other: _____

BONE MINERAL DENSITOMETRY (BMD)

BMD (DXA - dual-energy X-ray absorptiometry)

NUCLEAR MEDICINE

Bone Scan (with SPECT/CT as needed)

REFERRER INFORMATION

Name: _____ Prac ID: _____
 Address: _____
 Phone: _____ Fax: _____
 Copy to: _____

PHYSICIAN STAMP

PATIENT INFORMATION

Booking an Appointment

- Please notify us of any mobility issues - you may be required to bring someone to assist you for the procedure.
- Notify booking if you are diabetic.
- We require two business days notice if you wish to reschedule or cancel your appointment(s). Please call **587.885.2988**

Day of Appointment

- Please remember to bring the requisition, your Alberta Health Care card and photo ID to your appointment.
- Please follow the appropriate exam preparation instructions below.

EXAM PREPARATION INSTRUCTIONS

Please arrive **15 minutes** prior to your appointment time.

Interventional Pain Management

There are no food or drink restrictions. Please have a small snack prior to your appointment.

Reduce non-prescription pain medications.

You need to be in some (but not extreme) discomfort to be able to assess if the treatment is working.

Take all other medications as prescribed by your physician.

If you are on **anticoagulants** (Heparin, Plavix, Coumadin), you may be required to have an INR and potentially stop taking these prior to your appointment. Please discuss this with your Beam booking coordinator.

Please notify the booking team if you are currently taking antibiotics for an active infection. Your procedure may need to be rescheduled.

You must bring a driver with you to your appointment if:

- you are having a radiofrequency ablation, an epidural injection or a nerve root block.
- you are having multiple sites injected.

Failure to do so will result in your appointment being rescheduled.

It is normal to have an increase in pain symptoms the day of, and the day after, your procedure. If possible, have someone accompany you for support.

Bone Mineral Densitometry

Please do not take calcium supplements, multivitamins, or antacids for 24 hours before your bone density test. You can take other medications as prescribed. Wear loose, comfortable clothing. If you are pregnant or think you might be pregnant, please let the booker and/or technologist know.

Nuclear Medicine

No preparation required. Length of exam: ~3-4 hrs*. Please let staff know if you are or think you may be pregnant, or are breastfeeding. The first part of the test will take 15-30 minutes. You will need to come back about 2-3 hours later for another session, which will take around an hour.

*Injection followed by 1 hour of imaging 2-3 hours later.

LOCATIONS



Trinity Hills - North Building

480 Na'a Common SW
Calgary, AB T3B 5V6

Complimentary Parking

Ultrasound, Maternal Fetal Medicine,
Mammography, Nuclear Medicine,
Bone Mineral Densitometry,
Pain Management



Trinity Hills - South Building

340 Na'a Common SW
Calgary, AB T3H 6A3

Complimentary Parking

MRI, CT, X-Ray, Ultrasound,
Pain Management

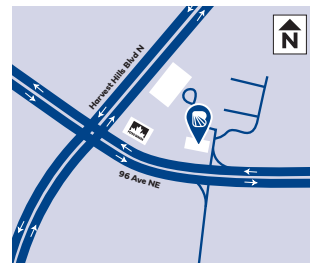


Royal Oak

Suite 3170, 11 Royal Vista Dr NW,
Calgary, AB T3R 0N2

Complimentary Parking

X-Ray, Ultrasound,
Pain Management



Harvest Hills

Suite 201, 178 96 Ave NE,
Calgary, AB T3K 6G4

Complimentary Parking

X-Ray, Ultrasound,
Pain Management

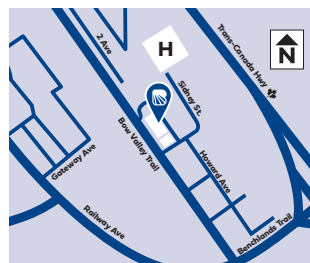


Sunpark

#201, 51 Sunpark Dr SE
Calgary, AB T2X 3V4

Complimentary Parking

X-Ray, Ultrasound,
Pain Management



Canmore

Suite 108B, 1205 Bow Valley Tr
Canmore, AB T1W 1P5

Complimentary Parking

Ultrasound, Pain Management