



The Ultrasound Centre



SASK
SPORTS IMAGING

PAIN THERAPY REQUISITION

REQUISITION FORM

Central Bookings
306-933-4500

PATIENT INFORMATION

Please bring your requisition and healthcare card to your appointment

Name _____ ☐ M ☐ F

DOB _____ PHN _____

Phone _____

Address _____

PATIENT LABEL

APPOINTMENT

Date _____

Time _____



LOCATIONS

Scan QR Code for directions
and to request an appointment
online

- ☐ **Saskatoon Lawson Heights**
75 Lenore Dr, Saskatoon SK S7K 7Y1
P: 306-933-4554 F: 306-933-4553
Mon - Fri 7:30 am - 6:00 pm

CLINICAL HISTORY

ULTRASOUND GUIDED PROCEDURES

Preliminary imaging performed when required

☐ **Physician Consultation** (The most appropriate procedure will be arranged)

Standing Order/Procedure Repeat (No. of Times)

Shoulder

- ☐ Shoulder (Not specific)
☐ Subacromial Bursa
☐ Glenohumeral Joint
☐ AC Joint
☐ Bicep Tendon (Long Head)

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Wrist/Hand

- ☐ Radiocarpal Joint
☐ 1st CMC Joint
☐ CMC/MCP/PIP/DIP Joint
☐ Carpal Tunnel
☐ DeQuervain's Tenosynovitis
☐ Trigger Finger
☐ Ganglion Cyst

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Hip/Pelvis

- ☐ Hip Joint
☐ Greater Troch Bursa
☐ Gluteus Tendon
☐ SI Joint
☐ Iliopsoas Bursa
☐ Ischial Bursa
☐ Piriformis Syndrome
☐ Meralgia Paresthetica
☐ Symphysis Pubis

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Ankle/Foot

- ☐ Ankle Joint (Tibiotalar)
☐ Subtalar Joint
☐ 1st MTP Joint
☐ TMT/MTP/PIP/DIP Joint
☐ Achilles Tendon
☐ Ganglion Cyst
☐ Plantar Fascia
☐ Morton's Neuroma
☐ Bursitis
☐ Baxter Nerve

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Elbow

- ☐ Elbow Joint
☐ Lateral Epicondylitis
☐ Medial Epicondylitis
☐ Olecranon Bursa

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐

Knee

- ☐ Knee Joint
☐ Baker's Cyst
☐ Pes Anserine Bursa
☐ Tendons

R L

- ☐ ☐
☐ ☐
☐ ☐
☐ ☐

Other Joint/Tendon/Bursa

☐ **Cortisone Injection**

☐ **Viscosupplementation/
Hyaluronic Acid Injection**

EXAM PREPARATION

- Continue taking regular prescribed medications. (You may require temporary changes to your medication if you are on blood thinners.)
- Please refrain from heavy lifting or strenuous activity for at least 24 hrs following your procedure.
- It is normal to experience light pain or discomfort following your procedure. If you suffer steadily worsening pain fever/chills, or any signs of infection, please contact your doctor immediately or proceed to the nearest urgent care centre if your doctor is unavailable.
- All procedures can affect your ability to operate a motor vehicle. It is recommended to arrange transportation to and from the exam.

Previous on PACS ☐ Y ☐ N

Location

PRACTITIONERS INFORMATION

Practitioners Name _____

Signature _____

Phone/Fax _____

Copy To _____

☐ Stat Phone Report

P: _____

☐ Stat Fax Report

F: _____

☐ Send Patient with Images
(CD Copy)

PRACTITIONERS STAMP/ID

PRACTITIONERS
STAMP/ID