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

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

Standing Order/Procedure Repeat (No. of Times) ☐

Shoulder	R	L
☐ Shoulder (Not specific)	☐	☐
☐ Subacromial Bursa	☐	☐
☐ Glenohumeral Joint	☐	☐
☐ AC Joint	☐	☐
☐ Bicep Tendon (Long Head)	☐	☐
☐ Barbatoge (ca++)	☐	☐

Wrist/Hand	R	L
☐ Radiocarpal Joint	☐	☐
☐ 1st CMC Joint	☐	☐
☐ CMC/MCP/PIP/DIP Joint	☐	☐
☐ Carpal Tunnel	☐	☐
☐ DeQuervain's Tenosynovitis	☐	☐
☐ Trigger Finger/Pulley Release	☐	☐
☐ Ganglion Cyst	☐	☐

Hip/Pelvis	R	L
☐ Hip Joint	☐	☐
☐ Greater Troch Bursa	☐	☐
☐ Gluteus Tendon	☐	☐
☐ SI Joint	☐	☐
☐ Illiopsoas Bursa	☐	☐
☐ Ischial Bursa	☐	☐
☐ Piriformis Syndrome	☐	☐
☐ Meralgia Paresthetica	☐	☐
☐ Symphysis Pubis	☐	☐

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

Elbow	R	L
☐ Elbow Joint	☐	☐
☐ Lateral Epicondylitis	☐	☐
☐ Medial Epicondylitis	☐	☐
☐ Olecranon Bursa	☐	☐

Knee	R	L
☐ Knee Joint	☐	☐
☐ Baker's Cyst	☐	☐
☐ Pes Anserine Bursa	☐	☐
☐ Tendons	☐	☐

Other Joint/Tendon/Bursa

☐ **Prolotherapy**
☐ **Viscosupplementation**

EXAM PREPARATION

- Continue taking regular prescribed medications. (You may require temporary changes to your medictation if you are on blood thinners.)
- Please refrain from heavy lifting or strenous 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