

Pain Management

☎ 1-888-850-3665

[Click here to Send Form by Email](#)

GLENWOOD RADIOLOGY

DIAGNOSTIC IMAGING CLINIC

REV. 2021/11/15

- SELECT A LOCATION:**
- WEST EDMONTON
Fax: 780-705-9983
107, 16028-100 A Ave.
 - CHAPPELLE CROSSING
Fax: 780-540-9065
6403 Cartmell Place SW
 - SPRUCE GROVE
Fax: 587-461-2227
212, 20 Westwind Dr.

Patient Info: NAME:

Address:

City: Province: Postal Code:

Home #: Cell #:

Email:

PHN #:

Male Female Other

DOB: DD / MM / YY Age:

Weight: lbs kg

Height: inch cm

WCB # or Date: DD / MM / YY

Referring Physician: DR. NAME:

Tel #:

Clinic Name & Address:

Direct #:

Fax #:

Dr. Signature: (Required)

PRAC ID:

CC Dr.:

CC Fax #:

STAT Report:

STAT Fax Report – Fax #:

STAT Verbal Report – Tel #:

Send Copy of Images with Patient

THERAPY TYPE All can be supplied by Glenwood Radiology
*Not covered by AHS

Steroid Platelet Rich Plasma (PRP)*

Durolane* Monovisc* Orthovisc*

REFERRING PRACTITIONER

Standing Order (Practitioner's Initial's)

PERIPHERAL PROCEDURES 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).

Shoulder

Shoulder (not specified) R L BOTH

Subacromial Bursa R L BOTH

Glenohumeral Joint R L BOTH

AC Joint R L BOTH

Biceps Tendon (long head) R L BOTH

Calcific Tendinitis (Barbotage) R L BOTH

Elbow

Elbow Joint R L BOTH

Lateral Epicondylitis R L BOTH

Medial Epicondylitis R L BOTH

Olecranon Bursa R L BOTH

Wrist & Hand

Radiocarpal Joint R L BOTH

1st CMC Joint R L BOTH

Carpal Tunnel R L BOTH

De Quervain's Tenosynovitis R L BOTH

Trigger Finger R L BOTH

Ganglion Cyst R L BOTH

Other Joint / Tendon / Bursa

(Specify Type)

Hip & Pelvis

Hip Joint R L BOTH

Greater Trochanteric Bursa (Gluteal tendon insertions) R L BOTH

Iliopsoas Bursa R L BOTH

Ischial Bursa (Proximal Hamstring Complex) R L BOTH

Piriformis Syndrome R L BOTH

Meralgia Paresthetica R L BOTH

Symphysis Pubis R L BOTH

Knee

Knee Joint R L BOTH

Baker's Cyst R L BOTH

Pes Anserine Bursa R L BOTH

Ankle & Foot

Ankle Joint R L BOTH

1st MTP Joint R L BOTH

Achilles Tendon R L BOTH

Retrocalcaneal Bursa R L BOTH

Plantar Fascia R L BOTH

Ganglion Cyst R L BOTH

Morton's Neuroma R L BOTH

HEADACHE

Greater Occipital Nerves R L

TMJ Joint Injection R L

Appointment Info:

APPT. DATE: DD / MM / YY
Note cancellation policy

APPT. TIME AM PM
Arrive 15 minutes prior

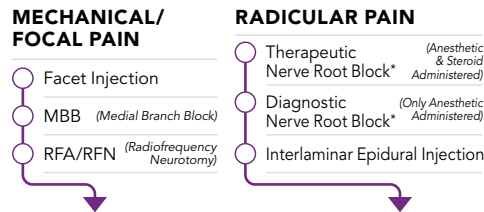
Date of Requisition: DD / MM / YY

Clinical History: (Specify Indication)

LMP or EDC Date: DD / MM / YY

SPINAL PROCEDURES *Transforaminal Epidural & Perineural Injection

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).



R C2 / C3 L **CERVICAL** R C2 L

R C3 / C4 L R C3 L

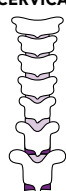
R C4 / C5 L R C4 L

R C5 / C6 L R C5 L

R C6 / C7 L R C6 L

R C7 / T1 L R C7 L

R C8 L R C8 L



R T1 / T2 L **THORACIC** R T1 L

R T2 / T3 L R T2 L

R T3 / T4 L R T3 L

R T4 / T5 L R T4 L

R T5 / T6 L R T5 L

R T6 / T7 L R T6 L

R T7 / T8 L R T7 L

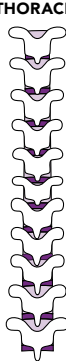
R T8 / T9 L R T8 L

R T9 / T10 L R T9 L

R T10 / T11 L R T10 L

R T11 / T12 L R T11 L

R T12 / L1 L R T12 L



R L1 / L2 L **LUMBAR** R L1 L

R L2 / L3 L R L2 L


R L3 / L4 L R L3 L

R L4 / L5 L R L4 L

R L5 / S1 L R L5 L

R SI Joints L **SACROILIAC** R S1 L

Coccyx (Ganglion Impar) R S2 L



Open Monday to Friday • Evenings & Weekends • Call for hours • Book Online

glenwoodradiology.com

Patient Instructions

REV. 2021/11/15

For Your Appointment

- ✔ Bring your Requisition, your Provincial Health Care Card, and Photo ID
- ✔ Bring your face covering with you and put on prior to entry
- ✔ Arrive 15 minutes before your appointment time
- ✔ Make reception aware of all patient requirements at the time of booking, such as: language assistance (limited or no English spoken), hearing impairment, is an assisted adult, diabetic needs, medical allergies (ex. adhesive, contrast dye), has a catheter, is in or requires a wheelchair, or any other requirement
- ✔ Arrange necessary child care during your appointment time (our facility is not able to provide child care services)
- ✔ If you have a wheelchair, please ensure you have an attendant with you

Your safety is our #1 priority

To keep you and others safe, we continue to ask for you to:

- ✔ Please wear a face covering before entry and throughout your time inside our facilities
- ✔ Please continuously wash and sanitize your hands
- ✔ Please attend your appointment alone (if possible)

We thank you for your continued support!

Cancellation Policy

- ✔ For cancellation or re-booking we ask that you contact us at least 24 hours prior to your appointment by calling 1-888-850-3665 or sending an e-mail to info@glenwoodradiology.com
- ✔ If an appointment is not cancelled at least 24 hours in advance, you will be charged a twenty-five dollar (\$25) fee *Please note this will not be covered by your insurance company

Pain Management Exam Preparation

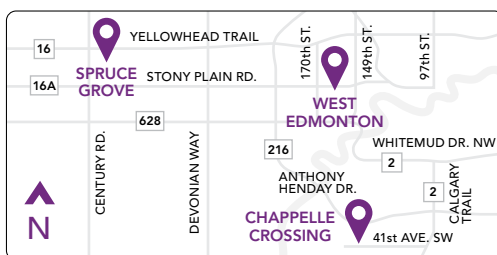
PLEASE NOTE: if there is a chance that you are pregnant or currently breast-feeding, the exam may not be possible. If pregnancy is suspected, other options using ultrasound guidance may be considered by the Radiologist.

- Continue to take all regular medications as prescribed by your doctor.
- Please be aware that your doctor may need to prescribe medication changes prior to your procedure if you are on blood thinners.
- If possible, do not take any pain medications on the day of your exam. This allows us to better assess your response to our treatment.
- If your doctor has prescribed a medication for us to inject, please call us as we can likely provide it to you directly.
- Gowns are provided for your comfort. If you prefer to wear your own clothing and full undergarments, be advised that your clothing could be accidentally stained by disinfectant.
- Once treatment is complete, a staff member will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level.

- Please refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.
- Serious complications are extremely rare but can happen. It may be normal to experience some mildly increased pain and discomfort for up to 48 hours after your procedure. However, if you suffer steadily worsening pain, experience fever/chills or any sign of infection, develop new numbness or weakening in your limbs, or lose normal bladder/bowel control contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital Emergency Department.

A driver is required for the following procedures

1. When you are having a Therapeutic Nerve Root Block, Interlaminar Epidural Injection, MBB or RFA/RFN.
 2. When you have more than one site injected on the same day.
- You must always be accompanied by an adult to and from your appointment. Failure to comply with the instructions above will result in your appointment being rescheduled.



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info@glenwoodradiology.com

Book Online or Call Toll-Free to book your appointment

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Edmonton, AB T5P 0M1
Fax: 780-705-9983

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6403 Cartmell Place SW
Edmonton, AB T6W 4V4
Fax: 780-540-9065

SPRUCE GROVE
Suite 212, 20 Westwind Dr.
Spruce Grove, AB T7X 0Y5
Fax: 587-461-2227