



Pain Management Requisition

Select Location: North Edmonton 5348 Admiral Girouard St Southwest Edmonton 6403 Cartmell Place SW West Edmonton 107,16028-100a Ave NW Spruce Grove 212, 20 Westwind Dr.

Patient Information

NAME:

Address: _____ PHN: _____
 City: _____ Province: _____ Postal Code: _____ DOB: _____ DD/MM/YY Age: _____
 Home #: _____ Cell #: _____ Gender: Male Female Other
 Email: _____ Weight: _____ Height: _____
 Allergies: _____ WCB Claim #: _____
 Medications: _____ WCB Injury Date: _____ DD/MM/YY

Referring Practitioner

NAME:

Clinic Name: _____ PRAC ID: _____
 Address: _____
 Tel #: _____ X (Signature Required)
 Direct #: _____
 Fax #: _____
 CC Dr. Name: _____
 CC Fax #: _____

STAT Report

STAT Fax Report Fax #: _____
 STAT Verbal Report Tel #: _____
 Send Copy of Images with Patient

Therapy Type

Steroid used unless indicated. *Not covered by AHS. Available at Glenwood Radiology at cost. (Referring Practitioner Initial's Required)

Steroid Cingal* Durolane* Monovisc* Orthovisc* SportVis* Standing Order X

★ Further imaging, consultation, and/or treatment may be adjusted accordingly by the treating physician(s).

PERIPHERAL PROCEDURES

Shoulder

Shoulder (Not specified) R L
 Subacromial Bursa R L
 Glenohumeral Joint R L
 AC Joint R L
 Biceps Tendon (Long Head) R L

Hip & Pelvis

Hip Joint R L
 Greater Trochanteric Bursa (Gluteal Tendon Insertions) R L
 Ischial Bursa (Proximal Hamstring Complex) R L
 Piriformis Syndrome R L
 Symphysis Pubis R L

Elbow

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

Knee

Knee Joint R L
 Baker's Cyst (Includes Knee Joint Injection if required) R L
 Pes Anserine Bursa R L

Wrist & Hand

Radiocarpal Joint R L
 Carpal Tunnel R L
 De Quervain's Tenosynovitis R L
 STT / Triscaphe R L
 CMC Joint 1 2 3 4 5 R L
 Trigger Finger 1 2 3 4 5 R L
 PIP 1 2 3 4 5 R L
 DIP 1 2 3 4 5 R L
 Ganglion Cyst R L (Specify Indication)

Ankle & Foot

Ankle Joint R L
 MTP Joint 1 2 3 4 5 R L
 Achilles Tendon R L
 Retrocalcaneal Bursa R L
 Plantar Fascia R L
 Morton's Neuroma R L
 Ganglion Cyst R L (Specify Type)

OTHER / MISCELLANEOUS

Greater Occipital Nerve Block R L
 Other: R L

Appointment Information

VI Mar 2025

DATE:
 Note cancellation policy DD/MM/YY
 TIME: AM PM
 Check-in 15 minutes prior
 Date of Requisition: DD/MM/YY

Clinical History (Required)

(Specify Indication)

 Pre Post Op Surgery: _____ Date: _____
 LMP EDC _____ Date: _____

SPINAL PROCEDURES

*Transforaminal Epidural & Perineural Injection

Mechanical/Focal Pain

Facet Injection
 MBB & RFN (Medial Branch Block & Radiofrequency Neurotomy)

Radicular Pain

Therapeutic Nerve Root Block*
 Interlaminar Epidural
 Caudal Epidural

CERVICAL

R L C2 / C3 L R L C2 L
 R L C3 / C4 L R L C3 L
 R L C4 / C5 L R L C4 L
 R L C5 / C6 L R L C5 L
 R L C6 / C7 L R L C6 L
 R L C7 L R L C7 L

THORACIC

R L (Specify Facet Level)

LUMBAR

R L L1 / L2 L R L L1 L
 R L L2 / L3 L R L L2 L
 R L L3 / L4 L R L L3 L
 R L L4 / L5 L R L L4 L
 R L L5 / S1 L R L L5 L

SACROILIAC

R L S.I. Joint L R L S1 (One) L
 Coccyx (Ganglion Impar)

Instructions For Your Appointment

Book your appointment at glenwoodradiology.com

▲ Check in 15 minutes before your appointment time

- Bring your Requisition, your Provincial Health Care Card, and your Photo ID
- We ask that patients attend appointments alone, unless in one of the following circumstances:
 - Attending an Obstetrical Appointment (1 Adult Allowed in the Exam Room)
 - Requires an attendant to assist with Mobility, Changing Instructions, and/or Communication/Language
 - Requires a Driver after a Pain Management Procedure affecting the ability to safely operate a vehicle

- Arrange necessary child care during your exam time:
 - Our facility cannot provide child care services
 - For their safety, children cannot accompany patients for Radiation-based exams (ie. X-ray, Pain Management, BMD)
- Make reception aware of all patient requirements at the time of booking including but not limited to:
 - Language assistance (limited or no English spoken)
 - Has a hearing impairment
 - Is an assisted adult
 - Has diabetic needs
 - Has medical allergies (ie. adhesive, contrast dye)
 - Has a catheter
 - Requires a wheelchair (or other equipment)

Cancellation Policy

V1 Mar 2025



▲ IMPORTANT: if an appointment is not cancelled or rebooked at least 24 hours in advance, you will be charged a fee (not covered by your insurance provider) and/or your requisition will be sent back to your ordering practitioner.

- To cancel or rebook, contact us at least 24 hours prior to your appointment:

Call toll free: 1-888-850-3665
Email: rebook@glenwoodradiology.com

Exam Preparation

Call or visit glenwoodradiology.com/prep for more exam preparation details

PAIN MANAGEMENT INJECTIONS

▲ IMPORTANT: if there is a chance that you are pregnant or are currently breastfeeding, the exam may not be possible. If pregnancy is suspected, options such as ultrasound guidance may be considered by the Radiologist. Note steroid injections may temporarily impact breast milk production.

- Procedure may affect your ability to safely operate a vehicle or heavy machinery. Glenwood Radiology advises or may require arranging transportation to and from the exam with a responsible adult based on the procedure. (see chart to the right)
- Continue to take all prescribed medications however, if possible, avoid pain medications on the day of your exam for a more accurate assessment of your treatment.
- If you have diabetes, steroid injections may temporarily affect your blood glucose levels. Please consult with your healthcare provider for details.
- If your doctor has prescribed a medication for us to inject, contact us in advance so we can provide it to you directly.

- Gowns are required to access the procedure site while maintaining a sterile field and to limit accidental staining to your clothing by disinfectants.
- Once treatment is complete, remain in the waiting area for a minimum of 10 minutes for a pain level reassessment.
- Ensure that the bandage or dressing over the injection site is kept clean and dry to prevent infection afterwards.
- While rare, serious complications can occur. Mildly increased pain and discomfort for up to 48 hours post-procedure is normal. If you experience adverse symptoms such as signs of an allergic reaction, signs of an infection including fever/chills, worsening pain, new numbness or weakness in your limbs, or loss of bladder/bowel control, consult your Referring Medical Practitioner, call 811 (Health Link), or proceed to an Urgent Care/Emergency Room as necessary.
- Refrain from heavy lifting or strenuous activities for at least 24 hours after your treatment. Physiotherapy and chiropractic appointments can be resumed 1 week after the procedure if feeling well enough.

Procedures Requiring a Driver



▲ IMPORTANT: The following procedures **REQUIRE** a responsible driver to accompany you to and from your appointment at all times for your **SAFETY**.

Procedure:	Driver Required:
Nerve Root Block	✓
Caudal Epidural Injection	✓
Interlaminar Epidural Injection	✓
MBB Procedure	✓
RFN Procedure	✓
Multiple Injections on the Same Day	✓

- Failure to adhere to these instructions will necessitate **RESCHEDULING** your appointment.



Book your appointment online: glenwoodradiology.com

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