MEDRAY IMAGING

Image-Guided Pain Management
Joint & Tendon Requisition

Suite 108, 3001 Gordon Avenue
Coquitlam, BC V3C 2K7
tel 604.941.7611
fax 604.942.4612
www.medrayimaging.com

Patient Information

Name: _____ ☐ Male ☐ Female Birthdate: _____

Address: _____ Phone #: _____

City: _____ Postal Code: _____

PHN #: _____ Pregnant: ☐ No ☐ Yes

Medications: ☐ Coumadin ☐ Plavix ☐ Other blood thinners: _____

Allergies: ☐ Xylocaine ☐ Iodinated contrast ☐ Other: _____

Diabetic: ☐ Yes

For Office Use Only
Appt date: _____
Appt time: _____

Treatment Location

Upper Extremity

Shoulder	**R**	**L**
Subacromial bursa	☐	☐
Glenohumeral Joint	☐	☐
AC Joint	☐	☐
Biceps Tendon (long head)	☐	☐

Elbow	**R**	**L**
Elbow: _____ *Please specify site*	☐	☐
Medial Epicondylitis	☐	☐
Lateral Epicondylitis	☐	☐

Wrist & Hand	**R**	**L**
Wrist Joint: _____ *Please specify site*	☐	☐
Finger Joint: _____ *Please specify site*	☐	☐
Trigger Finger: _____ *Please specify site*	☐	☐
Ganglion Cyst	☐	☐
Carpal Tunnel	☐	☐

Lower Extremity

Hip & Pelvis	**R**	**L**
Hip Joint	☐	☐
Greater Trochanteric Bursa	☐	☐
Ischial Bursa	☐	☐
Symphysis Pubis	☐	☐
Illioinguinal Nerve Root Block	☐	☐

Knee (pick one)	**R**	**L**
Knee Joint	☐	☐
Baker's Cyst	☐	☐

Ankle & Foot	**R**	**L**
Foot Joint: _____	☐	☐
Plantar Fascia	☐	☐
Ganglion Cyst	☐	☐
Subtalar Joint	☐	☐
Tibiotalar Joint	☐	☐

Other:	**R**	**L**
_____	☐	☐

Significant clinical history (must be completed)

_____
_____
_____
_____
_____
_____

☐ **PRP** (Platelet Rich Plasma): _____
(Non-MSP insured, Fee-for-service)

☐ **Prolotherapy**
(Non-MSP insured, Fee-for-service)

Referring Physician

Name: _____ Address: _____

Signature: _____ Physician Number: _____

Copies To: _____

Repeats for Procedure(s) ☐ Yes Interval: _____ Expiration date: _____ (Maximum 2 years)

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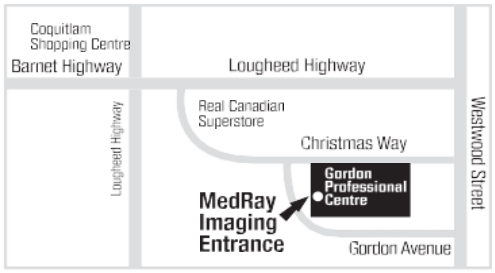
Booking Protocol

- Appointment(s) are required
- Prior imaging is required for spinal procedures
- Fax requisition to Medray Imaging 604.942.4612
- Medray Imaging to confirm appointment with patient

MedRay Location



Pay parking is available adjacent to building

Patient Instructions

Please Remember

- **Please arrive 15 mins prior to your appointment time**. If you are late for your exam, you will likely need to reschedule and you will be charged a $50 No Show Fee. Appointments cancelled with less than 24 hours notice will also result in a $50 No Show Fee.
- Allow up to 1 hour for your appointment and wear comfortable clothing.
- You MUST bring a translator if you are unable to speak English.
- There are no restrictions to your diet; you may eat and drink before your procedure.
- You will be asked EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID. If you do not have your card you may be asked to rebook for your examination.
- Patients suspecting pregnancy should consult their physician before exam date.
- Do not bring children who require supervision.

Blood Thinners

- *For spinal injections*, blood thinners need to be stopped 1-8 days prior to the procedure depending on the medication. These include, but not limited to: Plavix; Coumadin; Warfarin; Pradaxa; Xarelto; Eliquis; Effient. **Discuss with your referring physician whether it is safe for you to stop blood thinners and appropriate timing. If it is not, you may not be a candidate for these procedures.**
- *For peripheral joint injections*, you do not need to stop taking any blood thinners.
- Aspirin does not need to be stopped.

Medications

- Continue taking all of your current medications except the ones mentioned above.
- Bring a list of your current medications with you to your appointment.
- Note any allergies to medications
- You cannot have an active infection or on antibiotics on the day of your exam.
- For all spinal injections, the steroid medication will be provided.
- For all peripheral joint & tendon injections, patients will need to bring their own steroid/viscosuplementation.

Transportation

- If possible, please have someone accompany you on the day of your procedure. In case you have discomfort, it may be more convenient to have someone else drive you home.
- **Selective Nerve Root Blocks and Epidural Injection: patients MUST have a driver.**

Post Injection

- Patients are allowed to leave after their exam with no recuperation time required. **Except for:** Selective Nerve Root Block and Epidural Injections where patients will require a minimum 30-minute recovery time.
- You may resume light activities after your procedure, but you should refrain from strenuous activity using the injected area for 2 days following your injection, or as instructed by your doctor.
- Serious complications are very rare, but can happen. It is normal to have some increased pain the day of or the day after your injection. However, if the pain worsens day after day, or you experience fever/chills or any other signs of infection, or develop new numbness in your limbs after your injection, contact your doctor immediately or proceed to the emergency department.