

**Patient Information**

Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Pregnant: No Yes    
**Medications:**  Coumadin  Plavix  Other blood thinners: \_\_\_\_\_  
**Allergies:**  Xylocaine  Iodinated contrast  Other: \_\_\_\_\_  
**Diabetic:**  Yes

**For Office Use Only**  
Appt date: \_\_\_\_\_  
Appt time: \_\_\_\_\_

**Clinical Information**

**Treatment Site (please specify exact joint or tendon, including side, for PRP treatment)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Assessment (including clinical diagnosis warranting PRP)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have any other kinds of treatment been tried for this diagnosis? If yes, please specify.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant Past Medical/Surgical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*PLEASE NOTE: The patient must be able to discontinue Nonsteroidal Anti-inflammatory Drugs (NSAIDs) use for two (2) weeks prior to the procedure and for two (2) weeks following the procedure.**

**Referring Practitioner (Physiotherapist or Physician)**

Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Physician Number (if applicable): \_\_\_\_\_  
Copies To: \_\_\_\_\_

**Repeats for Procedure(s)**  Yes Interval: \_\_\_\_\_ Expiration date: \_\_\_\_\_ (Maximum 2 years)



Pay parking is available adjacent to building

### 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

## 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.

### Medications

- Continue taking all of your current medications.
- 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.
- We will provide all necessary medication for the PRP treatment.

### 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.

### Post Injection

- Patients are allowed to leave after their procedure with no recuperation time required.
- 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 treatment. 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.