

## DIRECT INJECTION REFERRAL FORM

### PATIENT INFORMATION

**PLACE PATIENT LABEL HERE**

Name:

Address:

City:  Province:  Postal Code:

Date of Birth  /  /  Gender:  Male  Female  Other

Home Phone:

Other Phone:

AHC#

WCB#

### HISTORY AND PRESUMPTIVE DIAGNOSIS

Please provide all relevant information:

### PATIENT INFORMATION

**MEDICATIONS**

- Coumadin
- Plavix, Apixaban, Rivaroxaban
- Other Blood Thinners:

**ALLERGIES**

- Xylocaine
- Iodinated Contrast
- Other:

**MEDICAL CONDITIONS**

- Diabetes
- Osteoporosis/Osteopenia
- Other:

### PROCEDURE REQUEST:

Spine Interventions may require further imaging or assessment which can be arranged on your behalf. We review prior imaging and treatment may be altered by the treating physician based on what is felt to be the most appropriate procedure.

**CONSULT OPTION**

Option to do consult if patient fails treatment and we feel consultation warranted

**REPEAT PROCEDURE**

Number of repeats per year

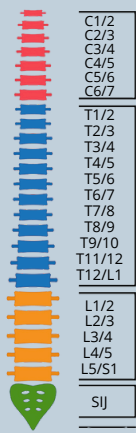
### SPINE PROCEDURES: JOINTS (MECHANICAL/FOCAL POINT)

INJECTION INTRA-ARTICULAR

MEDIAL/LATERAL BRANCH BLOCKS

RADIOFREQUENCY ABLATION (RFA)

*\* Will undergo MBB/LBB first*



Cervical spine

**Cervical**

Specify Level:  R  L

Thoracic spine

**Thoracic**

Specify Level:  R  L

Lumbar spine

**Lumbosacral**

- L1/L2 facet  R  L
- L2/L3 facet  R  L
- L3/L4 facet  R  L
- L4/L5 facet  R  L
- L5/S1 facet  R  L
- Sacroiliac Joint  R  L
- Sacrococcygeal joint
- Hip  R  L

### SPINAL PROCEDURES: EPIDURALS

Epidural (Transforaminal)

- L3  R  L
- L4  R  L
- L5  R  L
- S1  R  L

Epidural (Interlaminar)

- L2/L3  L4/L5
- L3/L4  L5/S1

Caudal Epidural

**GENICULAR KNEE ABLATION** (Private pay for procedure - Consult/testing blocks at no cost)

R  L

**PRP** - Includes an assessment prior to procedure. Spine PRP includes a comprehensive spine consult and in most cases diagnostic injections. (Private Pay)

**Location(s):**

### REFERRER INFORMATION

Name:

Address:

Phone:  Fax:

Prac ID:  Signature:

### OFFICE USE ONLY

Date of Requisition:

Appointment Date:

Appointment Time: