

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

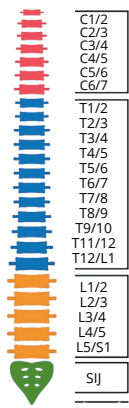
- Option to do consult if patient fails treatment and we feel consultation warranted

REPEAT PROCEDURE

- Number of repeats per year

SPINE PROCEDURES: JOINTS (MECHANICAL/FOCAL POINT)

INJECTION INTRA-ARTICULAR



Cervical spine

Thoracic spine

Lumbar spine

Sacrum
Coccyx

MEDIAL/LATERAL BRANCH BLOCKS

Cervical

Specify Level: R L

Thoracic

Specify Level: R L

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

RADIOFREQUENCY ABLATION (RFA) ** Will undergo MBB/LBB first*

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: