

Copy to fax:

☐ Send images with patient (CD copy)

Date of Request: D / M / Y

PAIN MANAGEMENT

Booking: 403-726-9729 www.MyPureform.com Fax: 403-726-9883

PATIENT & APPOINTMENT INFO	ORMATION	APPOINTMENT DATE	C	HECK IN TIME:	APPT TIME:		
					74111111111		
PLACE PATIENT LABEL HERE			ALIC (MCD. #				
Name:							
Address:							
Gender: □ Female □ Male □ U	ndisclosed Da	ate of Birth: D / M / Y Phone:		Other Phone:			
RELEVANT HISTORY							
ASSESS AND TREAT. PROCEED WITH	RADIOLOGISTS REC	OMMENDATION					
PATIENT DETAILS		FEE-FOR-SERVICE					
WORK UP IMAGING MAY BE REQUIRED		☐ Platelet Rich Plasma (Macleod location only)		Allergies Iodinated Contra	ct	□ VEC	
Date of Request: D / M / Y		☐ Viscosupplementation		Latex		☐ YES	
	☐ YES ☐ NO	☐ Viscosupplementation Some brands in stock at location, please ask your booking specialist what is available		Bupivacaine		☐ YES	□ N0
Number Of Times:		Other:		Lidocaine		☐ YES	□ N0
(Limit 4 injections per site per year)		Drognant		Other: Anticoagulation		☐ YES	
Medications		Pregnant	☐ YES ☐ NO	Coumadin		☐ YES	
Depo-Medrol Kenalog		Breastfeeding	☐ YES ☐ NO	Plavix		☐ YES	□ N0
Hyaluronic Acid + Cortisone		Diabetes	☐ YES ☐ NO	Other:			
PERIPHERAL PROCEDURES		IMPORTANT PATIENT INSTRUCTI	ONS ON REVERSE				
Shoulder		Pelvis		Knee			
☐ Subacromial Bursa	□ R □ L	☐ Hip Joint	\square R \square L	☐ Knee Joint		\square R	
☐ Glenohumeral Joint ☐ Acromioclavicular Joint	\square R \square L	☐ Piriformis ☐ Greater Trochanteric Bursa	□ R □ L □ R □ L	Pes Anserine E	Bursa	□R	
Biceps Tendon (Long Head)	□ R □ L □ L □ R □ L	☐ Iliopsoas Bursa		☐ Baker's Cyst☐ Drainage Only		\square R	
☐ Tendon Calcification (Lavage)	\square R \square L	☐ Ischial Bursa	\square R \square L	☐ Drainage + Cor	rticosteroid Injection		
Arthrodilatation Elbow	\square R \square L	☐ Pubic Symphysis☐ Coccydynia (Ganglion impar)	□ R □ L □ R □ L	☐ Effusion ☐ Drainage Only		\square R	
☐ Elbow Joint	□R□L	Ankle/Foot		☐ Drainage + Cor	ticosteroid Injection		
☐ Lateral Epicondylitis	□R □L	☐ Plantar Fascia	\square R \square L		s MACLEOD & AIRDR	IE ONLY	
☐ Corticosteroid Injection Only☐ Tenotomy (No Corticosteroid Injection)		☐ Corticosteroid Injection Only ☐ Fasciotomy (No Corticosteroid Inject	inn)	☐ Sacroiliac Joint ☐ Lumbar Facet J		\square R	
☐ Medial Epicondylitis	□R □L	☐ Morton's Neuroma	□ R □ L		Ollit	□R	Пι
☐ Corticosteroid Injection Only☐ Tenotomy (No Corticosteroid Injection)		☐ First MTP Joint	\square R \square L	☐ L2/L3		□ R	
Olecranon Bursa	□ R □	Retrocalcaneal Bursa	□ R □ L	☐ L3/L4		□ R	
□ Drainage Only□ Drainage + Corticosteroid Injection		☐ Subtalar Joint☐ Tibiotalar Joint	□ R □ L □ R □ L	☐ L4/L5 ☐ L5/S1		□ R □ R	□ L
Wrist/Hand		Other Joint:		Lumbar Nerve Ro		_	
☐ Radiocarpal Joint	□ R □ L	Ganglion Cyst		MRI completed within the	past 12 months required prior	r to procedure	
First CMC Joint		Ganglion Cyst:(S	Specify Site) 🗌 R 🔲 L	□ L2		\square R	
☐ Carpal Tunnel ☐ DeQuervain's Tenosynovitis	□ R □ L □ L □ R □ L	□ Drainage Only□ Drainage + Corticosteroid Injection		☐ L3 ☐ L4		□ R □ R	□ L
☐ Trigger Finger Digit:		Tenotomy		☐ L4		□ R	
Other Joint:		☐ Site:		☐ S1		□R	٦١
REFERRING PRACTITIONER INFORI	MATION			Please List ALL	Applicable Information	on Below	
Referring Physician:		Practit	ioner's ID/Stamp:				
Clinic:							
Address:							
Phone:							

Signature:

Rev. 10/2025

General Patient Instructions

- 1. Please bring your Alberta Health Card along with your requisition form to your appointment.
- 2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician.
- 3. Please bring an adult to supervise children.
- 4. Kindly arrive 20 minutes before your appointment time. If you are unable to keep your appointment, please call the Pain Management Department at 403-726-9729, option 1.
- 5. If you are late for your appointment, your exam may have to be rescheduled.
- 6. Please advise us of any mobility limitations and/or any preference of female/male technologist
- 7. Please avoid the use of fragrances as other patients may be sensitive.

Pureform Radiology recommends that you arrange transportation to and from your appointment. All procedures have the ability to affect your driving.

If you are having bilateral injections or a lumbar nerve root block procedure, you will require someone to drive you home.

If possible, do not take any extra pain medications on the day of your exam. This allows us to better assess your response to our treatment. However, please do not stop any pain medication that has been prescribed by your doctor without consulting them first.

Preparation Instructions

Please note, exam preparation is essential in order to complete your exam

ACHILLES/PLANTAR FASCIA TENOTOMY

You will be required to purchase a walking boot to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will have to wear this walking boot for two weeks post procedure.

PATELLAR TENOTOMY

You will be required to purchase a hard knee brace to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will be required to wear this brace for two weeks post procedure.

VISCOSUPPLEMENTATION

If your physician has requested this type of treatment you will need a prescription from your doctor. You will need to purchase the medication before your appointment and bring it with you. However, we do have a supply of some brands in stock, which is available for purchase at our locations. Please check with your booking specialist if you have any questions.

Serious complications are extremely rare but can happen. It may be normal to experience increased pain and discomfort for up to 48-72 hours after injection. If you develop a fever/chills or any sign of infection, develop new numbness or weakening in your limbs please contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital emergency department.

X-RAY EXAMS

X-Ray exams are provided on a walk-in basis. No appointment necessary. Please note there may be longer wait times from 11:30-12:30 due to the lunch hour. Additionally our Crowfoot and Macleod locations both close for X-Ray over the lunch hour. To respect the time of patients and our staff, we may have to cut off x-rays at the end of the day. We apologize in advance if we are unable to accommodate because we have patients already checked-in that we need complete before we close. Thank you for your understanding.

CALGARY SOUTHEAST South Trail Location



519 - 4916 130 Avenue SE T2Z 0G4 AIRDRIE Across from Royal Bank



Monday - Friday 8AM - 6PM Open Saturday 9AM - 2PM

20 - 105 Main Street N T4B 0R3

CALGARY NORTHWEST Crowfoot Location



X-Ray Closed From 11:30AM - 12:30PM

350 - 600 Crowfoot Cres NW T3G 0B4

CALGARY CENTRAL Macleod Location



200 - 3916 Macleod Trail SE T2G 2R5