

**ADVANCED SPINAL CARE CENTRE NORTH**  
201, 2000 Veterans Place NW  
Calgary, AB T3B 4N2

**ADVANCED SPINAL CARE CENTRE SOUTH**  
212, 3883 Front Street SE  
Calgary, AB T3M 2J6

**Booking: (403) 244-3700**  
**Fax: (403) 210-8382**  
Email your requisition to: [mskbooking@efwrad.com](mailto:mskbooking@efwrad.com)



Date of Issue

**BOOKING PROTOCOL** • Appointment(s) required • Email or fax requisition to EFW Radiology • EFW Radiology to confirm appointment with patient

**Patient Information** *Place patient label here*

Name \_\_\_\_\_  
 DOB   Male  Female  
 Address \_\_\_\_\_  
 City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_  
 AHC# \_\_\_\_\_ WCB# \_\_\_\_\_

**RELEVANT HISTORY**  
 Assess and treat

Relevant images & results \_\_\_\_\_

PATIENT DETAILS	ALLERGIES
Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N	Iodine/X-ray contrast <input type="checkbox"/> Y <input type="checkbox"/> N
Breastfeeding <input type="checkbox"/> Y <input type="checkbox"/> N	Latex <input type="checkbox"/> Y <input type="checkbox"/> N
History of diabetes <input type="checkbox"/> Y <input type="checkbox"/> N	Corticosteroids <input type="checkbox"/> Y <input type="checkbox"/> N
	Other _____

**MEDICATION**  
 Anticoagulation  Y  N  
 Approved temporary discontinuation if required  Y  N (See reverse)

Type  Coumadin  Xarelto  Eliquis  Heparin/LMWH  
 Plavix  Pradaxa  Other \_\_\_\_\_

**INJECTABLES**

Insured	Uninsured
Type <input type="checkbox"/> Anaesthetic	<input type="checkbox"/> Synvisc <input type="checkbox"/> Cingal
<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Monovisc/Orthovisc <input type="checkbox"/> Sport Vis
	<input type="checkbox"/> Durolane <input type="checkbox"/> Botox
	<input type="checkbox"/> Platelet Rich Plasma Injection PRP (with consult)
	<input type="checkbox"/> Nstride (with consult)
<input type="checkbox"/> Other _____	

**REFERRING PHYSICIAN**

Physician name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Physician phone \_\_\_\_\_  
 Physician address \_\_\_\_\_  
 Physician stamp: \_\_\_\_\_

Additional copies to \_\_\_\_\_

**IMAGE GUIDED PROCEDURES**

- FACET JOINT PROCEDURES**
- Facet joint injection
  - Medial branch block for potential RF neurotomy  
 Cervical  R  L        SPECIFY LEVELS  
 Thoracic  R  L        SPECIFY LEVELS  
 Lumbar  R  L        SPECIFY LEVELS
  - Repeat facet joint RF neurotomy  R  L        SPECIFY LEVELS

- OTHER SPINE PROCEDURES**
- Pars interarticularis block for spondylolysis  R  L        SPECIFY LEVELS
  - Sacroiliac joint injection  R  L
  - SI joint Lateral branch blocks for potential RF neurotomy  R  L
  - Repeat SI joint neurotomy  R  L
  - Lumbar epidural steroid injection  Interlaminar  Caudal
  - Transfacet cervical nerve block (C3-C8)        SPECIFY LEVELS
  - Intercostal / Subcostal nerve block (T1-T12)        SPECIFY LEVELS
  - Transforaminal epidural steroid injection / Selective nerve block (L1-S2)        SPECIFY LEVELS
  - Other \_\_\_\_\_

**PERIPHERAL PROCEDURES**

- |  |  |
|--|--|
| <b>Shoulder</b>  | <b>Elbow</b>   |
| <input type="checkbox"/> Subacromial bursa <input type="checkbox"/> R <input type="checkbox"/> L                   | <input type="checkbox"/> Elbow joint <input type="checkbox"/> R <input type="checkbox"/> L           |
| <input type="checkbox"/> Glenohumeral joint <input type="checkbox"/> R <input type="checkbox"/> L                  | <input type="checkbox"/> Lateral epicondylitis <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Acromioclavicular joint <input type="checkbox"/> R <input type="checkbox"/> L             | <input type="checkbox"/> Medial epicondylitis <input type="checkbox"/> R <input type="checkbox"/> L  |
| <input type="checkbox"/> Biceps tendon (long head) <input type="checkbox"/> R <input type="checkbox"/> L           | <b>Knee</b>  |
| <b>Wrist / Hand</b>  | <input type="checkbox"/> Knee joint <input type="checkbox"/> R <input type="checkbox"/> L            |
| <input type="checkbox"/> Radiocarpal joint <input type="checkbox"/> R <input type="checkbox"/> L                   | <input type="checkbox"/> Bursa <input type="checkbox"/> R <input type="checkbox"/> L                 |
| <input type="checkbox"/> 1st CMC joint <input type="checkbox"/> R <input type="checkbox"/> L <u>      </u> SPECIFY | <b>Ankle / Foot</b>  |
| <input type="checkbox"/> Carpal tunnel <input type="checkbox"/> R <input type="checkbox"/> L                       | <input type="checkbox"/> Tibiotalar joint <input type="checkbox"/> R <input type="checkbox"/> L      |
| <input type="checkbox"/> Trigger finger <input type="checkbox"/> R <input type="checkbox"/> L                      | <input type="checkbox"/> Subtalar joint <input type="checkbox"/> R <input type="checkbox"/> L        |
| <b>Pelvis</b>  | <input type="checkbox"/> Talonavicular joint <input type="checkbox"/> R <input type="checkbox"/> L   |
| <input type="checkbox"/> Hip joint <input type="checkbox"/> R <input type="checkbox"/> L                           | <input type="checkbox"/> Calcaneocuboid joint <input type="checkbox"/> R <input type="checkbox"/> L  |
| <input type="checkbox"/> Greater trochanteric bursa <input type="checkbox"/> R <input type="checkbox"/> L          | <input type="checkbox"/> 1st MTP <input type="checkbox"/> R <input type="checkbox"/> L               |
| <input type="checkbox"/> Iliopsoas bursa <input type="checkbox"/> R <input type="checkbox"/> L                     | <input type="checkbox"/> Retrocalcaneal bursa <input type="checkbox"/> R <input type="checkbox"/> L  |
| <input type="checkbox"/> Ischial bursa <input type="checkbox"/> R <input type="checkbox"/> L                       | <input type="checkbox"/> Plantar fasciitis <input type="checkbox"/> R <input type="checkbox"/> L     |
| <input type="checkbox"/> Pubic symphysis <input type="checkbox"/> R <input type="checkbox"/> L                     | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Ganglion Cyst <u>      </u> SPECIFY SITE  |  |

**MUSCLE BLOCKS (Anesthetic only unless otherwise specified)**

- Psoas Muscle  R  L  Quadratus Lumborum  R  L
- Piriformis Muscle  R  L  Iliopsoas Muscle  R  L
- Other \_\_\_\_\_

**OTHER PROCEDURES**

- Peripheral Nerve Injection        SPECIFY NERVE
- Calcific Tendinitis lavage        SPECIFY TENDON
- Tenotomy        SPECIFY TENDON
- Unspecified Procedure \_\_\_\_\_

**Repeats for Procedure(s)**  Yes  No  
 Number of times per year \_\_\_\_\_

## PATIENT INSTRUCTIONS

AN INFORMATION PACKET WILL ALSO BE SENT BY MAIL

### Please Remember

- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- 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 return for your examination.
- Please bring your requisition with you.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.
- You are required to give our office 3 business days notice if you need to cancel or reschedule the appointment(s).
- There are no restrictions to your diet; you may eat and drink before your procedure.
- Note that we advise against corticosteroid injection within two weeks (14 days) of any vaccination. If you have an upcoming vaccination following your corticosteroid procedure, the vaccination should be scheduled two weeks (14 days) from the last dose of corticosteroid. Please call the booking line if you have had a vaccination within 14 days of your corticosteroid injection, the appointment may need to be cancelled.
- Call (403) 244-3700 **press 1** to confirm appointment(s).

### Transportation

If you are having a procedure involving the neck, SI joints, muscle blocks, or nerve blocks in the spine, we ask that you make arrangements for transportation as you will not be able to drive after your procedure for the rest of the day. There are several other procedures which will require alternate transportation arrangements (alternate driver, bus, or cab, etc) as you will not be able to drive for the rest of the day after your procedure. Your appointment will be re-booked for these procedures if you do not have a driver. There are other procedures however, which do not require a driver and you will be allowed to drive after the procedure. Please refer to the email patient advice you received when your appointment was booked. If you did not receive this email, please call 403-244-3700. If you are having a procedure involving: Lumbar Facet Injections, Lumbar Facet Prolotherapy, Thoracic Facet Prolotherapy, Thoracic Facet Injections, or Pars Block Injections, a driver is not required.

### Antibiotics & Infection

Please note that we will not be able to continue with your procedure if you have an **active infection** or are on antibiotics. The medication (cortisone) we use will reduce the effectiveness of the antibiotics. If you are on antibiotics, please call our booking line at (403)-244-3700.

### Pain Medications

Please **do not stop** any pain medication that has been **prescribed** by your doctor without consulting him or her first.

Please reduce any over the counter pain medication (Advil, Tylenol, etc.) the day of your appointment, so that you have enough discomfort (but not extreme) to determine if your procedure has been effective in relieving your symptoms. If you are in pain despite your medications, you do not need to decrease them.

### Anticoagulants (Blood Thinners)

If you are taking anticoagulants and must temporarily discontinue them for a procedure, we will need authorization from your doctor before an appointment can be made, which will be arranged by the department. Patient can resume blood thinner on next scheduled dose.

**Anticoagulation Hold Protocol: Lixiana (Edoxaban):** Discontinue 3 days prior, **Pradaxa (Dabigatran):** Discontinue 3 days prior, **Xarelto (Rivaroxaban - factor Xa inhibitor):** Discontinue 3 days prior, **Eliquis (Apixaban - factor Xa inhibitor):** Discontinue 3 days prior, **Persantine (Dipyridamole):** Discontinue 4 days prior, **Plavix (clopidogrel bisulfate):** Discontinue 5 days prior, **Aggrenox:** Discontinue 5 days prior, **Brilinta (Ticagrelor):** Discontinue 5 days prior, **Heparin- Lovenox (Enoxaparin), Fragmin (Dalteparin), Innohep (Tinzaparin), Fraxiparine (Nadroparin):** Discontinue 24 hours prior; **Warfarin/Coumadin:** Discontinue 5 days prior – INR required day prior NOTE: INR must be < 1.4.

\*Not all treatments provided at the clinic are covered by Alberta Health. Some injectables come at a cost. For your convenience majority of the injectables can be purchased at the Advanced Spinal Care Centres at competitive pricing. Some injectables will be required to be purchased at a pharmacy prior to the appointment, with a prescription from your physician. These details will be discussed at the time of booking.

## SEPARATE REQUISITIONS FOR:

**General Diagnostic, Pediatric, MRI, or Liver**

Available as PDF downloads on our website, [efwrad.com](http://efwrad.com), or call (403) 717-1816

Official diagnostic imaging provider for:



EFW is a proud partner of:



## LOCATION AND PARKING



### Advanced Spinal Care Centre North

2000 Veterans Place NW – Suite 201 (2nd Floor)  
Calgary, AB T3B 4B2

Located on the 2nd floor of the Cambrian Wellness Centre. Complimentary underground parking is available & will be validated at reception on the day of your appointment.



### Advanced Spinal Care Centre South

212, 3883 Front Street SE,  
Calgary, AB T3M 2J6

From Front Street turn south onto 37th Street and access parking on the rear (south side) of the Seton Professional Building. Underground and above ground parking available in designated EFW Radiology stalls. Parking in non-designated EFW stalls will not be reimbursed. The EFW building is located across the street from the South Health Campus main entrance.

**Notice:** The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.