Central Alberta Medical Imaging Services

P: 403-755-8067 | F: 403-309-0093 | www.camiscare.ca
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MSK IMAGING & INTERVENTION REQUEST FORM

Appt Date/Time _____

PLEASE FAX A COPY OF THE REQUEST TO CENTRAL ALBERTA MEDICAL IMAGING SERVICES LTD. 403-309-0093

Patient Information

Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone Home _____ Alt _____

DOB (D/M/Y) _____ M ☐ F ☐
A.H.C.# _____
WCB Claim # _____
Date of Injury (D/M/Y) _____

Clinical Information (Required) _____

_____
_____
_____

Diagnostic Imaging

MSK Ultrasound (to assess tendons, ligaments and muscles)

Shoulder	☐R	☐L	Quadriceps	☐R	☐L
Elbow	☐R	☐L	Greater Trochanter Bursa	☐R	☐L
Wrist	☐R	☐L	Iliopsoas Bursa	☐R	☐L
Hand	☐R	☐L	Ankle	☐R	☐L
Achilles Tendon	☐R	☐L	Morton's Neuroma	☐R	☐L
Plantar Fascia	☐R	☐L	Knee	☐R	☐L

Other _____

Soft Tissue Ultrasound (to asses soft tissue mass)

☐ Lipoma Area _____
☐ Ganglion Area _____
☐ Ganglion Aspiration and Injection

Other: _____

If pathology is found in the area of interest you may expedite the patient's treatment. By checking the box below the patient will be booked for a therapeutic injection if appropriate.

☐ Please proceed with appropriate therapeutic injection

Interventional Procedures *some interventional procedures require prior imaging. This will be arranged by our office*

Prolotherapy (series of 3 treatments)

Achilles Tendon	☐R	☐L
Lateral Elbow	☐R	☐L
Medial Elbow	☐R	☐L
Patellar Tendon	☐R	☐L

Special Procedures

Calcific Tendinopathy Barbatoge
_____ ☐R ☐L

Ganglion Aspiration and Injection
Area _____ ☐R ☐L

PRP (Uninsured Services)

☐ Patient is interested in PRP

Knee Joint	☐R	☐L
Lateral Elbow	☐R	☐L
Medial Elbow	☐R	☐L

☐ Repeat

Steroid Injections

Shoulder Joint	☐R	☐L
Shoulder Bursa	☐R	☐L
AC Joint	☐R	☐L
Biceps Tendon Sheath	☐R	☐L
Elbow Joint	☐R	☐L
Wrist Joint	☐R	☐L
Carpal Tunnel	☐R	☐L
CMC Joint	☐R	☐L
Hand	☐R	☐L

Digit _____
MCP ☐ DIP ☐ PIP ☐

Trigger Finger	☐R	☐L
DeQuervain's	☐R	☐L
Foot	☐R	☐L

Digit _____
MTP ☐ DIP ☐ PIP ☐

Plantar Fascia	☐R	☐L
Ankle Joint	☐R	☐L
Talonavicular Joint	☐R	☐L
Subtalar Joint	☐R	☐L
Morton's Neuroma	☐R	☐L
Posterior Tibialis	☐R	☐L
Peroneal Tendons	☐R	☐L
Knee Joint	☐R	☐L
Pes Anserine Bursa	☐R	☐L
Hip Joint	☐R	☐L
Greater Trochanter Bursa	☐R	☐L
Ischial Tuberosity	☐R	☐L
Psoas Muscle	☐R	☐L
Iliopsoas Bursa	☐R	☐L

Other: _____

Referring Physician

Stat Report ☐

Name _____
Address _____
_____
Phone _____ Fax _____

PRAC ID _____
Signature _____
CC _____
_____ Fax _____