

**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 \_\_\_\_\_ DOB (D/M/Y) \_\_\_\_\_ M  F   
 Address \_\_\_\_\_ A.H.C.# \_\_\_\_\_  
 City \_\_\_\_\_ WCB Claim # \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Date of Injury (D/M/Y) \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Alt \_\_\_\_\_

**Clinical Information (Required)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Diagnostic Imaging**

**MSK Ultrasound** (to assess tendons, ligaments and muscles)

Shoulder	<input type="checkbox"/> R <input type="checkbox"/> L	Quadriceps	<input type="checkbox"/> R <input type="checkbox"/> L
Elbow	<input type="checkbox"/> R <input type="checkbox"/> L	Greater Trochanter Bursa	<input type="checkbox"/> R <input type="checkbox"/> L
Wrist	<input type="checkbox"/> R <input type="checkbox"/> L	Iliopsoas Bursa	<input type="checkbox"/> R <input type="checkbox"/> L
Hand	<input type="checkbox"/> R <input type="checkbox"/> L	Ankle	<input type="checkbox"/> R <input type="checkbox"/> L
Achilles Tendon	<input type="checkbox"/> R <input type="checkbox"/> L	Morton's Neuroma	<input type="checkbox"/> R <input type="checkbox"/> L
Plantar Fascia	<input type="checkbox"/> R <input type="checkbox"/> L	Knee	<input type="checkbox"/> R <input type="checkbox"/> L
Other _____			

**Soft Tissue Ultrasound** (to assess 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

**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: \_\_\_\_\_

**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

**Referring Physician**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Stat Report**

PRAC ID \_\_\_\_\_  
 Signature \_\_\_\_\_  
 CC \_\_\_\_\_ Fax \_\_\_\_\_