Central Alberta Medical Imaging Services

P: 403-755-8060 or 403-755-8068 | F: 403-309-0093 | www.camiscare.ca
info@camiscare.ca

SPINAL 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) _____

_____

_____

Spinal Procedures: Pain Management

☐ **Cervical Facet**

C2/3	Right ☐	Left ☐
C3/4	Right ☐	Left ☐
C4/5	Right ☐	Left ☐
C5/6	Right ☐	Left ☐
C6/7	Right ☐	Left ☐
C7/T1	Right ☐	Left ☐

☐ **Thoracic Facet**

Right ☐ Left ☐

level(s) required:
_____
_____
_____

☐ **Lumbar Facet Injection**

L1/2	Right ☐	Left ☐	(T12, L1 MBB)
L2/3	Right ☐	Left ☐	(L1, L2 MBB)
L3/4	Right ☐	Left ☐	(L2, L3 MBB)
L4/5	Right ☐	Left ☐	(L3, L4 MBB)
L5/S1	Right ☐	Left ☐	(L4MBB, L5 dorsal ramus)

☐ **Medial Branch Block**

☐ **Pars Interarticularis Block (Spondylolysis)**
Indicate Level Required _____ Right ☐ Left ☐

☐ **SI Joint** Right ☐ Left ☐

☐ **Psoas Muscle** Right ☐ Left ☐

☐ **Greater Occipital NB** Right ☐ Left ☐

☐ **Coccyx** _____

☐ **Other** _____

☐ **Spect/CT Bone Scan**
(To guide facet injections)

☐ **Transforaminal Epidural**
(Therapeutic)

L1/2	Right ☐	Left ☐
L2/3	Right ☐	Left ☐
L3/4	Right ☐	Left ☐
L4/5	Right ☐	Left ☐
L5/S1	Right ☐	Left ☐

☐ **Translaminar Epidural**
(Therapeutic) (Bilateral Radiculopathy)
Level _____

☐ **Select Nerve Root Block**
(Diagnostic)

L3	Right ☐	Left ☐
L4	Right ☐	Left ☐
L5	Right ☐	Left ☐
S1	Right ☐	Left ☐

Patients require pain diary:
Yes ☐ No ☐

CT or MRI reference imaging required for epidural/nerve block injections

Referring Physician

Stat Report ☐

Name _____
Address _____
_____
Phone _____ Fax _____

PRAC ID _____
Signature _____
CC _____
_____ Fax _____

SPINAL INTERVENTION REQUEST FORM

Allergies:

- ☐ Local Anesthetic
- ☐ Imaging Contrast
- ☐ Other _____

_____

Medications:

- ☐ Coumadin/Warfarin
- ☐ Plavix
- ☐ ASA 81mg
- ☐ Other Boodthinner

Anticoagulation Protocol attached?

Yes ☐ No ☐

Diabetic

☐ Yes ☐ No

To ensure best patient care, confirm with patient if they have had any related injections performed in the last 6 months ESPECIALLY those performed at: private pain management clinic/homeopathic facility/doctor's office etc. as we are unable to reference reports that are not accessible on Netcare.

Area(s) injected: ☐ Lumbar Facet Joints ☐ SI Joints ☐ Epidural ☐ Lumbar/Sacral Nerve Block
☐ PARS Block ☐ Medial Branch Block ☐ Cervical Facet Joints ☐ Thoracic Facet Joints

Approximate Date(s): _____
Location(s):_____

Patients need to arrive 30 minutes prior to their appointment time

Physician Alert – Injections may alter the appearance of a joint and/or tissue.

To ensure accurate results, confirm patients do not have a pending bone scan, CT or MRI referral. (For the same area or body part)

Bone scans should not be booked within **3 months post** any therapeutic injection.

MRI should not be booked within **4 weeks post** any therapeutic injection.

CT should not be booked within **2 days post** any therapeutic injection.

For all joint injections, please complete the MSK Imaging and Intervention Request Form

Note to Ordering Physicians:

If based on clinical exam you are uncertain to the exact level(s) of facet involvement (due to multilevel degenerative changes), a bone scan may be useful in identifying a specific level(s), which may help limit unnecessary injections.

If patients had a bone scan to identify active facet levels and thereafter successful facet injections, a bone scan need not be requested with each future facet request.

Repeat bone scan may be warranted if symptoms change or facet injections are no longer helpful.

Note* If patient does NOT receive pain relief, please reassess the pain generator