

ACMS ULTRASOUND LTD

2419 - 90B Street SW Edmonton T6X IV8 Ph: 780-250-1900 Fax: 780-250-1901

www.acmsultrasound.com

| | | (Please Bring Your Health Card) |
|------------------|-------|---------------------------------|
| ppointment Date: | Time: | No Appointment needed for X-RAY |
| | | |

PAIN MANAGEMENT REQUISITION

| Address: | PATIENT & INFORMATION Name: | | PHYSICIAN Referral Physician: | | CLINICAL HISTORY |
|--|--|-------------------------|-------------------------------|---------|--------------------------|
| Postal Code: Clinic Phone # Fax copy: | | | Practitioner's ID: | | |
| Phone: | | | Clinic Phone # | | |
| Alberta Health Card (AHC) WCB: | | | | | |
| WCB: Date of LMP: Pregnant: Age: Male Female Diabetis Yes No Patient's Signature MEDICATION: Anticoagulation (warafarin, Coumadin, Plavix, Hearin, Pradaxa) Aspirin Other: PERIPHERAL PROCEDURES Including Target MSK Ultrasound SHOULDER Shoulder (Not Specified) Biceps Tendon (Long Head) Subacromial Bursa Glenohumeral Joint AC Joint Biceps Tendon (Long Head) Biceps Tendon (Lo | Date of Birth (DOB) | | | | |
| Date of LMP: Pregnant: | Alberta Health Card (AHC) | | | | |
| Pregnant: | WCB: | | | | |
| Age:Male Female Diabetis Yes No Patient's Signature | | | | | |
| Age:Male Female Diabetis Yes No Patient's Signature | Pregnant: | | | | |
| Patient's Signature MEDICATION: | Age: Male | Female | | | |
| Anticoagulation (warafarin, Coumadin, Plavix, Hearin, Pradaxa) Aspirin Other: PERIPHERAL PROCEDURES Including Target MSK Ultrasound | | | | | |
| Warafarin, Coumadin, Plavix, Hearin, Pradaxa) | | | | | |
| Aspirin Other: PERIPHERAL PROCEDURES Including Target MSK Ultrasound SHOULDER Shoulder (Not Specified) Subacromial Bursa Glenohumeral Joint AC Joint ELBOW Shoulder (Not Specified) Biceps Tendon (Long Head) Subacromial Bursa R L Symphysis R L Symphysis R L Swaphysis R L Shoulder (Not Specified) R L Knee Joint Biceps Tendon (Long Head) Subacromial Bursa R L Baker's Cystl Subacromial Bursa R L Pes Anserine Bursa R L Switzle FOOT ANKLE FOOT ANKLE FOOT ANKLE FOOT ANKLE STOOT ANK | | rin Pradaval | | | |
| PERIPHERAL PROCEDURES Including Target MSK Ultrasound SHOULDER Shoulder (Not Specified) | Aspirin | | | | |
| SHOULDER Shoulder (Not Specified) | | | | | OTHER JOINT/TENDON/BURSA |
| Shoulder (Not Specified) R L Hip Joint R L L Biceps Tendon (Long Head) R L Greater Trochanterid Bursa R L Subacromial Bursa R L Illiopsoas Bursa R L Glenohumeral Joint R L SI Joint R L AC Joint R L Symphysis R L ELBOW Shoulder (Not Specified) R L Knee Joint R L Biceps Tendon (Long Head) R L Baker's Cystl R L Subacromial Bursa R L Pes Anserine Bursa R L WRIST & HAND 1st CMC Joint R L Subtalar Joint R L Crapal Tunnel R L 1st MTP Joint R L Dequervan's Tenosynovitis R L Plantar Fascia Gangloin Cyst (Ultrasound Guided) R L Greater Trochanterid Bursa R L Hip Joint R L L Hip Joint R L Greater Trochanterid Bursa R L R L R L REPEATS FOR PROCEDURES Repeat all instructions Expiration Date: Number of times: Number of times: MD Initials: VRIST & MTP Joint R L Plantar Fascia R L Frigger Finger R L Gangloin Cyst (Ultrasound Guided) R L | | | | | • |
| Biceps Tendon (Long Head) | | | | | Other: |
| Subacromial Bursa R L Iliopsoas Bursa R L L L L L L L L L | | | • | | |
| Glenohumeral Joint R L SI Joint R L SI Joint R L Symphysis R L | | | | | |
| AC Joint R L Symphysis R L ELBOW Shoulder (Not Specified) R L Knee Joint R L Biceps Tendon (Long Head) R L Baker's Cystl Repeat all instructions Expiration Date: Subacromial Bursa R L Pes Anserine Bursa R L WRIST & HAND 1st CMC Joint R L Subtalar Joint R L Radiocarpal Joint R L Subtalar Joint R L Crapal Tunnel R L 1st MTP Joint R L Dequervan's Tenosynovitis R L C Gangloin Cyst (Ultrasound Guided) R L Crapal Cultrasound Guided) R L Crapal Cultrasound Guided) R L Crapal Cyst (Ultrasound Guided) R L Crapal Cyst (Ultrasound Guided) | | | | | |
| Shoulder (Not Specified) R L Knee Joint R L Baker's Cystl R L Baker's Cystl R L Baker's Cystl Repeat all instructions Expiration Date: WRIST & HAND | AC Joint | | | | |
| Biceps Tendon (Long Head) Subacromial Bursa R L Pes Anserine Bursa R L Pes Anserine Bursa R L Pes Anserine Bursa R L Number of times: Number of times: MD Initials: R L CREPEAT All Instructions Expiration Date: Number of times: Number o | • | | KNEE | | |
| Subacromial Bursa R L Pes Anserine Bursa R L Expiration Date: Number of times: MD Initials: MD Initials: MD Initials: Trigger Finger R L Canal Tunnel R L Canal Tunsel Canal Tunsel R L Canal Tunsel Canal Tunsel R L Canal Tunsel Canal Tunsel | | | | | |
| WRIST & HAND 1st CMC Joint | | _ | • | | • |
| ANKLE & FOOT 1st CMC Joint R L Ankle Joint R L Subtalar Joint R L Sub | Subacromial Bursa | ∐ R ∐L | Pes Anserine Bursa | ∐ R ∐ L | |
| 1st CMC Joint R L Ankle Joint R L Subtalar Joint R | WRIST & HAND | | ANKLE & FOOT | | |
| Crapal Tunnel R L 1 st MTP Joint R L Dequervan's Tenosynovitis R L Plantar Fascia R L Trigger Finger R L Gangloin Cyst (Ultrasound Guided) R L | 1 st CMC Joint | \square R \square L | Ankle Joint | □ R □ L | ואוט וווונומוט. |
| Dequervan's Tenosynovitis R L Plantar Fascia R L Trigger Finger R L Gangloin Cyst (Ultrasound Guided) R L | • | RL | Subtalar Joint | □ R □ L | |
| Trigger Finger R L Gangloin Cyst (Ultrasound Guided) R L | · | \square R \square L | | □ R □ L | |
| Gangloin Cyst (Ultrasound Guided) R L | | R L | Plantar Fascia | ☐ R ☐ L | |
| | | | | | |
| | Gangloin Cyst (Ultrasound Guided) Fingers/Joints | | | | |

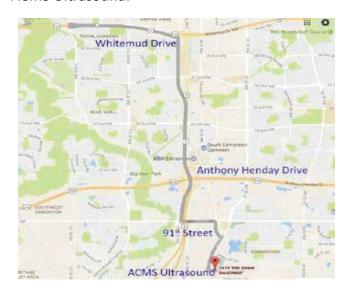
PATIENT INSTRUCTIONS

- Please arrive 15 to 20 minutes before your appointment
- Please notify reception if you are diabetic
- Remember to bring your Requisition, Provincial Health Care Card and Photo ID
- If you are unable to keep your appointment please contact us 24 hours prior to your appointment 780-250-1900
- If an appointment is not cancelled at least 24 hours in advance you will be charged a \$25.00 fee. Please note that this will not be covered by your insurance company.
- Our facility is not able to provide child care services, please ensure to make other arrangements during your appointment time.

We would like to ensure that every patient receives the highest quality of care, therefore we request that when booking the appointment, we are made aware of all patient's requirements such as; language assistance (other than English), hearing impairment, assisted adult, diabetic, allergies such as latex, catheter, requires a wheelchair, etc.

DIRECTIONS

From the Whitemud/Anthony Henday take 91st going South Continue south on 91st street past Ellerslie & Parsons. Turn left onto 25 Ave SW and take your first left to ACMS Ultrasound.





MONDAY - FRIDAY 8:30 - 4:30

(Some Saturdays/Evenings By Appointment Only)

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Edmonton AB T6X 1V8