



# ACMS ULTRASOUND LTD

2419 - 90B Street SW Edmonton T6X IV8

Ph: 780-250-1900 Fax: 780-250-1901

www.acmsultrasound.com

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

(Please Bring Your Health Card)  
No Appointment needed for X-RAY

## PAIN MANAGEMENT REQUISITION

For Diagnostic Musculoskeletal Ultrasound Please Refer to Other Requisition.

### PATIENT & INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_

Alberta Health Card (AHC) \_\_\_\_\_

WCB: \_\_\_\_\_

Date of LMP: \_\_\_\_\_

Pregnant: \_\_\_\_\_

Age: \_\_\_\_\_ Male Female

Diabetes Yes No

Patient's Signature \_\_\_\_\_

### PHYSICIAN

Referral Physician: \_\_\_\_\_

Practitioner's ID: \_\_\_\_\_

Clinic Phone # \_\_\_\_\_

Fax copy: \_\_\_\_\_

### CLINICAL HISTORY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICATION:

- Anticoagulation  
(warafarin, Coumadin, Plavix, Hearin, Pradaxa)
- Aspirin
- Other: \_\_\_\_\_

### ALLERGIES

- Latex
- X-ray Contrast/Dye

### PERIPHERAL PROCEDURES Including Target MSK Ultrasound

#### SHOULDER

- Shoulder (Not Specified)  R  L
- Biceps Tendon (Long Head)  R  L
- Subacromial Bursa  R  L
- Glenohumeral Joint  R  L
- AC Joint  R  L

#### HIP & PELVIS

- Hip Joint  R  L
- Greater Trochanterid Bursa  R  L
- Iliopsoas Bursa  R  L
- SI Joint  R  L
- Symphysis  R  L

#### ELBOW

- Shoulder (Not Specified)  R  L
- Biceps Tendon (Long Head)  R  L
- Subacromial Bursa  R  L

#### KNEE

- Knee Joint  R  L
- Baker's Cystl  R  L
- Pes Anserine Bursa  R  L

#### WRIST & HAND

- 1<sup>st</sup> CMC Joint  R  L
- Radiocarpal Joint  R  L
- Crapal Tunnel  R  L
- Dequervan's Tenosynovitis  R  L
- Trigger Finger  R  L
- Gangloin Cyst (Ultrasound Guided)  R  L
- Fingers/Joints  R  L

#### ANKLE & FOOT

- Ankle Joint  R  L
- Subtalar Joint  R  L
- 1<sup>st</sup> MTP Joint  R  L
- Plantar Fascia  R  L

### OTHER JOINT/TENDON/BURSA

Aspirations: \_\_\_\_\_  
Other: \_\_\_\_\_

### REPEATS FOR PROCEDURES

Repeat all instructions \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Number of times: \_\_\_\_\_  
MD Initials: \_\_\_\_\_

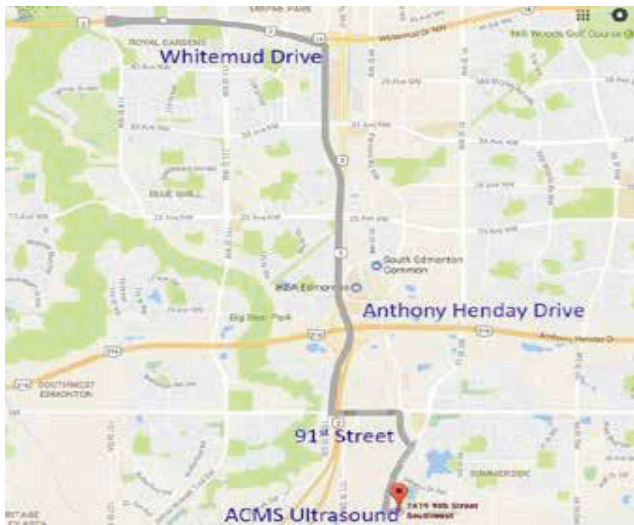
## PATIENT INSTRUCTIONS

- 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)**

**P. 780.250.1900**

**F. 780.250.1901**

**2419 - 90B Street SW**

**Edmonton AB T6X 1V8**