



**FOR APPOINTMENT BOOKING, PLEASE CALL
519-256-4914 Ext. 8811 OR FAX: 519-979-5611**
**PLEASE PROVIDE 24 HOURS ADVANCE NOTICE IF
YOU ARE UNABLE TO KEEP THIS APPOINTMENT**
**PLEASE ARRIVE 10 MINUTES EARLY FOR YOUR APPOINTMENT
WITH YOUR HEALTH CARD & THIS FORM**

PATIENT INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 PHONE NO. _____
 ADDRESS: _____
 HEALTH CARD NO. _____
 DATE OF BIRTH: MM ____ DD ____ YYYY ____

VERSION CODE

☐ ☐

PROVIDER INFORMATION

PROVIDER
NAME (PRINT): _____

APPOINTMENT DATE: _____

PROVIDER
SIGNATURE: _____

APPOINTMENT TIME: _____

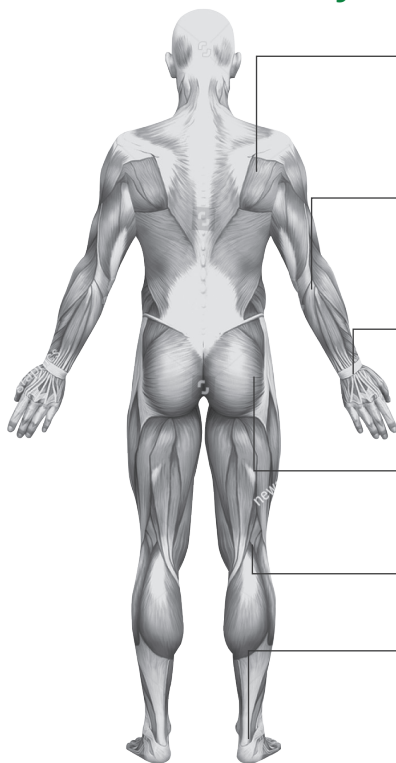
CC: _____ BILLING NO. _____

PLEASE ATTACH RELEVANT REPORTS: CT / US / MRI / OTHER

ALL PATIENTS ARE REQUIRED TO HAVE X-RAY AND ULTRASOUND WITHIN 6 MONTHS OF THEIR APPOINTMENT

CLINICAL HISTORY

PERIPHERAL JOINT/BURSA/TENDON



SHOULDER

R L B
☐ ☐ ☐

ELBOW

R L B
☐ ☐ ☐

HAND & WRIST

R L B
☐ ☐ ☐

HIP

R L B
☐ ☐ ☐

KNEE

R L B
☐ ☐ ☐

ANKLE & FOOT

R L B
☐ ☐ ☐

OTHER JOINT: _____

PATIENT INSTRUCTIONS

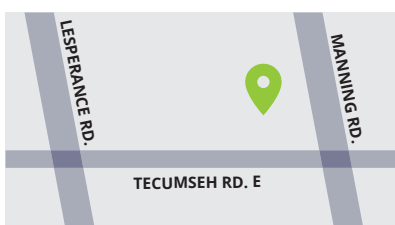
CONTINUE ALL MEDICATIONS AND YOUR USUAL DIET BOTH BEFORE AND AFTER THE PROCEDURE.

IF YOU HAVE AN ACTIVE INFECTION YOUR PROCEDURE WILL HAVE TO BE RESCHEDULED AND YOU MUST NOTIFY OUR OFFICE AT 519-256-4914 EXT. 224.

YOU MAY RESUME YOUR NORMAL ACTIVITIES BUT AVOID STRENUOUS EXERCISE FOR 7 DAYS POST INJECTION. IT IS IMPORTANT TO KEEP YOUR BODY MOVING. ALSO AVOID HOT TUBS, SWIMMING POOLS OR PROLONGED BATHING FOR THE NEXT 24 HOURS.

IF NECESSARY, PAIN MEDICATION SUCH AS TYLENOL OR ADVIL CAN BE USED FOR DISCOMFORT AFTER THE INJECTION (IF YOU HAVE NO CONTRAINDICATIONS TO THESE MEDICATIONS.)

SERIOUS COMPLICATIONS AFTER JOINT INJECTIONS ARE RARE, BUT CAN OCCUR. IF YOU ARE EXPERIENCE WORSENING PAIN OVER THE NEXT SEVERAL DAYS, FEVER AND CHILLS, OTHER SIGNS OF INFECTION OR NEW NUMBNESS PLEASE CONTACT YOUR DOCTOR OR PROCEED TO AN EMERGENCY DEPARTMENT. CONTACT OUR CLINIC IF THIS OCCURS.



FREE PARKING

**13278 TECUMSEH RD. E. UNIT 10,
TECUMSEH N8N 3T6**
 P. 519-256-4914 Ext. 8811
 F. 519-979-5611

OPEN BY APPOINTMENT ONLY

**THIS REQUISITION FORM CAN BE
TAKEN TO ANY LICENSED FACILITY
PROVIDING HEALTHCARE SERVICES
INCLUDING HOSPITALS & IHF'S, SUCH
AS THOSE LISTED ON THE PROGRAM.**

**[HTTP://WWW.HEALTH.GOV.ON.CA/EN/
PUBLIC/PROGRAMS/IHF/FACILITIES/ASPX](http://www.health.gov.on.ca/en/public/programs/iHF/facilities/aspX)**