



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. _____

VERSION CODE

DATE OF BIRTH: MM ____ DD ____ YYYY ____

PROVIDER INFORMATION

PROVIDER NAME (PRINT): _____

APPOINTMENT DATE: _____

PROVIDER SIGNATURE: _____

APPOINTMENT TIME: _____

CC: _____

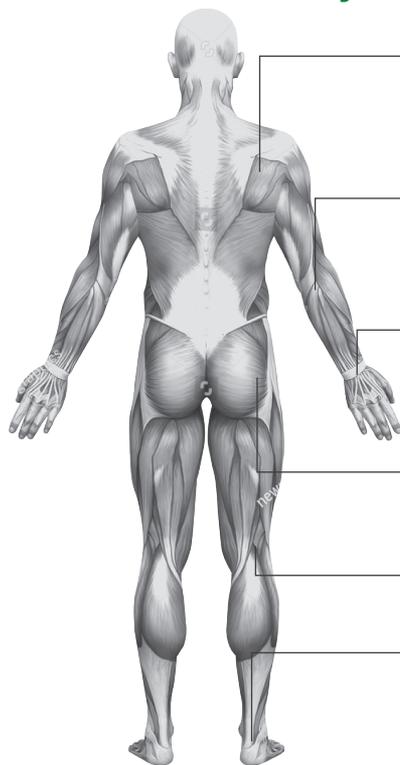
BILLING NO. _____

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

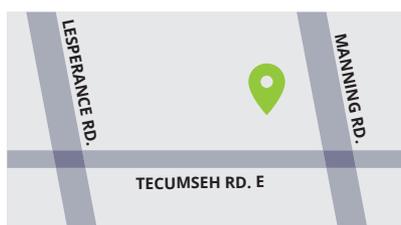
CONTINUE ALL MEDICATIONS AND YOUR USUAL DIET BOTH BEFORE AND AFTER THE PROCEDURE.

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)