

MSK INJECTIONS PROGRAM

TO MAKE AN APPOINTMENT CALL OUR **BOOKINGS DEPARTMENT**
TEL: 519-672-7900 FAX: 519-672-8731 • Monday to Friday 8:00 a.m. to 4:45 p.m.
FOR ALL OTHER INQUIRIES AND IMAGE REQUESTS CALL 519-672-5270

PATIENT INFORMATION Requisition valid for 3 months after date issued

REFERRAL DATE: _____


NAME: _____ TELEPHONE: _____ DOB: _____

HEALTH CARD #: _____ VERSION CODE: M F WEIGHT: _____ LBS/KGS



APPOINTMENT DETAILS - Please arrive 10 minutes early. Bring your health card and this form to your appointment. Late arrival and/or no form may require re-booking.

DATE: _____ TIME: _____ LOCATION: _____

If you are unable to keep this appointment, please give at least 24 hours notice. Call 519-672-7900  **EXAM Preparations and MAPS on the back**

MUSCULOSKELETAL PAIN INJECTIONS • BY APPOINTMENT • 450 CENTRAL AVE

The following portions of the patient chart are **required** by the CPSO. Until ALL information is received an appointment cannot be booked.

Brief Summary of Present Illness is required here:

The following sections of the patient chart must be included or appended:

- I. Present Illness: Initial and last two clinic notes (if there have been this many visits). Objective physical findings.
Previous treatments including surgeries
- II. Other Current Problems
- III. Past Medical History
- IV. Medications
- V. Allergies
- IV. Other Treatments Including Surgeries

PROCEDURE (WEIGHT LIMIT 350LBS)

Lumbar Facet/ Perifacet Injection

- L5-S1
- L4-5
- L3-4
- L2-3
- L1-2

- AC Joint Injection
- Subacromial Bursa Injection
- Barbotage of Rotator Cuff Calcification
- Glenohumeral Joint Injection
- Glenohumeral Joint Hydrodilataion
- Hip Joint Injection
- Greater Trochanteric Bursa Injection
- Barbotage of Gluteal Calcification
- Sacroiliac Joint Injection

Please check here to have local anesthetic alone injected without steroid (i.e., a diagnostic, but not therapeutic injection).
(Our default injection is triamcinolone acetate (a long-acting steroid) plus 1% ropivacaine (a long-acting local anesthetic).)

VISIT OUR WEBSITE: www.lxa.on.ca

ADVANCED MSK PAIN ASSESSMENT

Please choose between two options:

1. Your patient's presentation correlates with objective clinical findings and/ or testing. You are confident in the diagnosis, the treatment plan, and the appropriateness of the injection. If so, please sign here to proceed with the injection.

Physician signature

2. If the diagnosis is in question, you are interested in help with the treatment plan, want a second opinion, want an advanced MSK pain assessment, you are uncertain whether an injection is the best course, or the patient problem is not so much pain but inability to cope with pain, consider referral to a physiotherapist affiliated with our practice. The patient will be seen by a physiotherapist with specialized training or experience in MSK complaints and pathologies as well as their treatment. They are experienced in chronic pain manifestations and management and, most importantly, have broad experience regarding which patients benefit from injections.

This physiotherapy consultation will cost the patient \$160. This fee covers the physiotherapist consultation with recommendations and report. The report will include treatment options for those patients unlikely to benefit from an injection and may contain additional treatment advice for those patients where an injection is recommended. If an injection is recommended, we will automatically proceed to scheduling the injection. These consultations are not covered by OHIP but are covered by most supplemental health care insurance plans. Typically, these plans cover all or a portion of the cost. If you would like to proceed with this option, sign here.

Physician signature

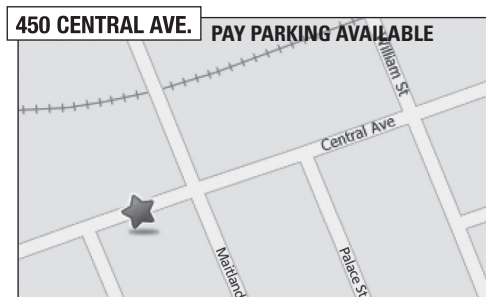
REFERRED BY: _____ M.D. BILLING # _____
PHYSICIAN ADDRESS: _____ CC: _____

PREPARATION AND INSTRUCTIONS: These instructions are **IMPORTANT**. Please follow them.

- Patient must arrive 10 minutes in advance and provide a valid health card at registration.
- This is a scent free environment. Patients are not to wear colognes or perfumes.
- If patient has had a previous joint injection at London X-Ray Associates, the patient is to bring a copy of their completed pain diary.
- There are no food or drink restrictions. Patient is to continue taking all of their current medications.
- Patient must notify reception if they are diabetic.
- A responsible adult must accompany the patient to London X-Ray Associates on the day of their procedure.
- All patients who have had injections must arrange for a driver or other transportation following the procedure.
- Upon completion of the procedure, the patient will be required to stay in the clinic for 15 minutes to monitor their response to the injection.



TO MAKE APPOINTMENTS CALL OUR
BOOKINGS DEPARTMENT
MONDAY TO FRIDAY BETWEEN 8:00 A.M. TO 4:45 P.M.
TEL: 519-672-7900 FAX: 519-672-8731
FOR ALL OTHER INQUIRIES CALL 519-672-5270



Location:
104-450 Central Ave.
London, ON N6B 2E8
Tel: 519-672-5270
Fax: 519-672-2724

