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MyHealth | CENTRE

INTERVENTIONAL PROCEDURES
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www.myhealthcentre.ca

PATIENT INFORMATION:

PATIENT'S NAME: _____ D.O.B: _____ ☐ F ☐ M

ADDRESS: _____

TELEPHONE #: _____ OHIP #: _____

APPOINTMENT DATE: _____ TIME: _____

PARAVERTEBRAL NERVE BLOCK

☐ Cervical	☐ L	☐ R	☐ B	☐ Levels _____	☐ Repeat q ____ months
☐ Thoracic	☐ L	☐ R	☐ B	☐ Levels _____	☐ Repeat q ____ months
☐ Lumbar	☐ L	☐ R	☐ B	☐ Levels _____	☐ Repeat q ____ months

*MAXIMUM OF 8 INJECTIONS PER VISIT *MINIMUM OF 2 CONTIGUOUS IPSILATERAL LEVELS

NB: For each two **LUMBAR/THORACIC/CERVICAL** facet levels, patients require a prescription for 1 cc of Celestone Soluspan® and 4 cc of 0.5% Marcaine®. (E.G. a 4 joint lumbar facet injection would require a script for 2 ccs of of Celestone and 8 ccs of Marcaine®).

NB: Patients should fill their prescriptions and bring their medications with them to the appointment.

THERAPEUTIC JOINT / BURSA INJECTION / ARTHROGRAM

☐ **Shoulder:**	☐ Glenohumeral Joint		☐ L	☐ R	☐ B	☐ Repeat q ____ months
	☐ Acromioclavicular Joint/Subacromial Bursa		☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Wrist:**	☐ Radiocarpal Joint		☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Hand:**	☐ Carpometacarpal Joint	Finger: 1 2 3 4 5	☐ L	☐ R	☐ B	☐ Repeat q ____ months
	☐ Metacarpophalangeal Joint	Finger: 1 2 3 4 5	☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Pelvis:**	☐ Sacroiliac Joint	☐ Gr. Trochanteric Bursa	☐ L	☐ R	☐ B	☐ Repeat q ____ months
	☐ Femoroacetabular Joint	☐ Iliolumbar Ligament	☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Knee:**			☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Ankle:**	☐ Subtalar Joint		☐ L	☐ R	☐ B	☐ Repeat q ____ months
	☐ Tibiotalar Joint		☐ L	☐ R	☐ B	☐ Repeat q ____ months
☐ **Foot:**	☐ Tarsometatarsal Joint		☐ L	☐ R	☐ B	☐ Repeat q ____ months

Indicate which tarsal bone: _____

FOR OTHER SITES / PROCEDURES, PLEASE CONTACT DR. BENNETT DIRECTLY:

☐ _____ ☐ L ☐ R ☐ B ☐ Repeat q ____ months

*MAXIMUM OF 6 INJECTIONS PER VISIT

NB: For each joint / bursa injection patients require a prescription for 1 cc of Celestone Soluspan and 4 ccs of 0.5% Marcaine®.

NB: Patients should fill their prescriptions and bring their medications with them to the appointment.

LUMBAR EPIDURAL

*MUST HAVE A DRIVER

80mg Depomedrol and 10 cc Xylocaine 1% (without preservative)

NB: Patients should fill their prescriptions and bring their medications with them to the appointment.

Your patient must be taken off ALL blood thinners (e.g. Eliquis/Coumadin) other than Aspirin or Plavix. DISCONTINUE for ONE WEEK prior.

ULTRASOUND-GUIDED FINE NEEDLE BIOPSY

☐ Thyroid Nodule ☐ L ☐ R

* Patients must have an available thyroid ultrasound.
* Nodule to be biopsied should be clearly specified.
* Only one nodule is biopsied per session.

Clinical Information: _____

Referring Physician: _____ (Print Name) _____ (Signature) Fax #: _____

Copy To: _____ (Print Name) Fax #: _____