

London Wharncliffe - Interventional  
 279 Wharncliffe Road North, Suite 111  
 T: 519-661-0275 | F: 519-661-0616

 London Fanshawe - Women's Health  
 1055 Fanshawe Park Road West, Suite 301  
 T: 519-439-5555 | F: 519-266-2206

**PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)**

 Patient Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Clinical Information/Indications: \_\_\_\_\_

 Check if Applicable:  **URGENT**
**LONDON WHARNCLIFFE – INTERVENTIONAL**
**PARAVERTEBRAL NERVE BLOCK**
**R L**  
 Cervical       Levels \_\_\_\_\_       Repeat q \_\_\_\_\_ months  
 Thoracic       Levels \_\_\_\_\_       Repeat q \_\_\_\_\_ months  
 Lumbar       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 Celestone and 8 ccs of Marcaine®).  
**NB: Patients should fill their prescriptions and bring their medications to the appointment.**

**THERAPEUTIC JOINT/BURSA INJECTION/ARTHOGRAM**
**Shoulder**  
**R L**  
 Glenohumeral Joint       Repeat q \_\_\_\_\_ months  
 Acromioclavicular Joint/Subacromial Bursa       Repeat q \_\_\_\_\_ months

**Wrist**  
**R L**  
 Radiocarpal Joint       Repeat q \_\_\_\_\_ months

**Hand**  
**R L**  
 Carpometacarpal Joint      Finger: 1 2 3 4 5       Repeat q \_\_\_\_\_ months  
 Metacarpophalangeal Joint      Finger: 1 2 3 4 5       Repeat q \_\_\_\_\_ months

**Pelvis**  
**R L**  
 Sacroiliac Joint       Repeat q \_\_\_\_\_ months  
 Femoroacetabular Joint       Repeat q \_\_\_\_\_ months  
 Gr. Trochanteric Bursa       Repeat q \_\_\_\_\_ months  
 Iliolumbar Ligament       Repeat q \_\_\_\_\_ months

**Knee**  
**R L**  
 Knee       Repeat q \_\_\_\_\_ months

**Ankle**  
**R L**  
 Subtalar Joint       Repeat q \_\_\_\_\_ months  
 Tibiotalar Joint       Repeat q \_\_\_\_\_ months

**Foot**  
**R L**  
 Tarsometatarsal Joint       Repeat q \_\_\_\_\_ months  
*Indicate which tarsal bone: \_\_\_\_\_*
**FOR OTHER SITES/PROCEDURES, PLEASE CONTACT DR. BENNETT DIRECTLY:**
**R L**  
 \_\_\_\_\_       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 to the appointment.**

**LUMBAR EPIDURAL**
 Lumbar Epidural       Repeat q \_\_\_\_\_ months

**\*MUST HAVE A DRIVER**  
 80mg Depomedrol and 10 cc Xylocaine 1% (without preservative).  
**NB: Patients should fill their prescriptions and bring their medications to the appointment.**  
 Patient must be taken off ALL blood thinners (e.g. Eliquis/Coumadin/Plavix) other than Aspirin. DISCONTINUE according to recommendations of Thrombosis Canada for neuraxial anesthesia. [www.thrombosiscanada.ca/clinicalguides/#](http://www.thrombosiscanada.ca/clinicalguides/#) (see reverse)

**LONDON FANSHAWE – WOMEN'S HEALTH**
**GENERAL GYNECOLOGY**
 Advanced Contraception  
 Abnormal Uterine Bleeding/Post Menopausal Bleeding  
 Alternatives to Hysterectomy  
 Endometriosis  
 HRT/Bioidentical HRT  
 IUD Insertion & Monitoring  
 Management of Menopause  
 Management of Menstrual Disorders  
 Management of Ovarian Cysts  
 Minimally Invasive Surgery  
 Pap Smear  
 PCOS (Management & Investigation)  
 Uterine Fibroids, Polyps, Septum  
 Other: \_\_\_\_\_

**FERTILITY DIAGNOSIS & TREATMENT**
 Advanced Semen Analysis  
 Fertility Consultation  
 Fertility Preservation (Egg Freezing, Sperm Freezing)  
 Infertility Investigation & Cycle Monitoring  
 Intrauterine Insemination  
 In Vitro Fertilization (IVF)  
 Non-Invasive Prenatal Testing (NIPT)  
 Preimplantation Genetic Screening (PGS)  
 Sonohysterogram +/- Tubal Patency Testing  
 Other: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)**

 Referring Physician: \_\_\_\_\_  
(Print Name) (Signature)

Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

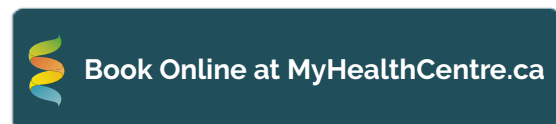
Copy to: \_\_\_\_\_

 Report Delivery Preference:  Fax  HRM  Other: \_\_\_\_\_

All diagnostic tests require a scheduled appointment, except for X-ray (walk-in patients welcome).  
Want to book and manage your appointment online? Download our mobile patient app at MyHealthCentre.ca

LONDON WHARNCLIFFE	LONDON FANSHAWE
<p>279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p><b>T: 519-661-0275   F: 519-661-0616</b></p> <p><b>SERVICES:</b> Biopsy (Thyroid FNA), BMD, Mammography &amp; OBSP, Pain Injection/Management, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p> <p><b>For Lumbar Epidural guidelines, please ask for a pamphlet.</b></p>	<p>1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road</p> <p><b>T: 519-439-5555   F: 519-266-2206</b></p> <p><b>SERVICES:</b> BMD, Mammography, Nuclear Cardiology, Pain Injection/Management, Prenatal Screening, Sonohysterogram, Ultrasound, Vascular Ultrasound, Women's Health, X-ray</p>

For test preparations in 20+ languages, please visit [MyHealthCentre.ca/test-prep](https://www.myhealthcentre.ca/test-prep)



This requisition form can be submitted to any licensed healthcare facility, including hospitals and IHFs, such as those listed here: [www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx](https://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx)