

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ **URGENT**

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____ Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Reason for Referral: _____

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 THE CLINIC DIRECTLY:

R L
☐ ☐ _____ ☐ Repeat q _____ months

PARAVERTEBRAL NERVE BLOCK
R L

☐ ☐ Cervical ☐ Levels _____ ☐ Repeat q _____ months
☐ ☐ Thoracic ☐ Levels _____ ☐ Repeat q _____ months
☐ ☐ Lumbar ☐ Levels _____ ☐ Repeat q _____ months

EPIDURAL
R L

☐ ☐ Cervical ☐ Repeat q _____ months
☐ ☐ Thoracic ☐ Repeat q _____ months
☐ ☐ Lumbar ☐ Repeat q _____ months

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSP #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy to: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

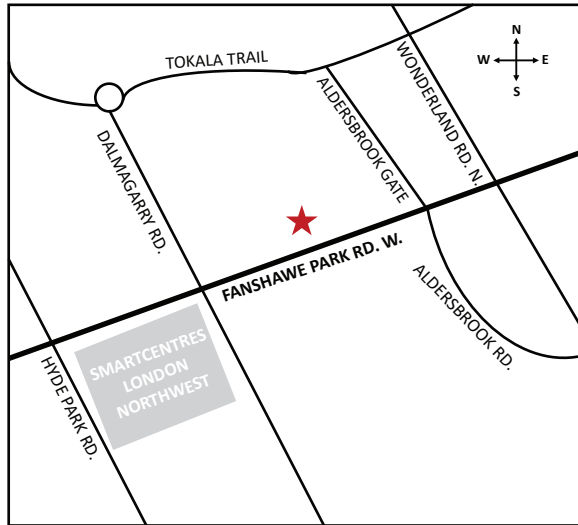
All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

LONDON FANSHAWE

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North London Medical Centre on Fanshawe just east of Hyde Park Road

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E: london_fanshawe@myhealthcentre.ca

SERVICES: Bone Mineral Density, Mammography, Nuclear Cardiology, Pain Injection, Prenatal Screening, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)



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