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WELL Health | DIAGNOSTIC CENTRES

REQUEST FOR EXAMINATION – LONDON PAIN INJECTIONS

North London Medical Centre
1055 Fanshawe Park Road West, Suite 301
London, ON N6G 5B4
T: 519-439-5555 | F: 519-266-2206 | E: london_fanshawe@welldiagnostics.ca

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ URGENT

Full Name (Birth): _____

Preferred Full Name (If Different from Birth): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____

Health Card #: _____ Version: _____

Gender: _____ Preferred Gender (If Different from Birth): _____

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
Inidcate 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 HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____
(Print Name)

_____
(Signature)

Billing Provider #: _____

CPSO #: _____

Tel #: _____

Fax #: _____

Date: _____

Copy To: _____

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

For location details, visit **WELLdiagnostics.ca/Locations**.
For test preparation, see the back of this form or visit **WELLdiagnostics.ca/Test-Prep**.

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

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REPORT ON BUSINESS

v04-15-2024

MyHealth is now WELL Health Diagnostic Centres. We're the same team with a new name, providing the highest standard of accredited patient care!

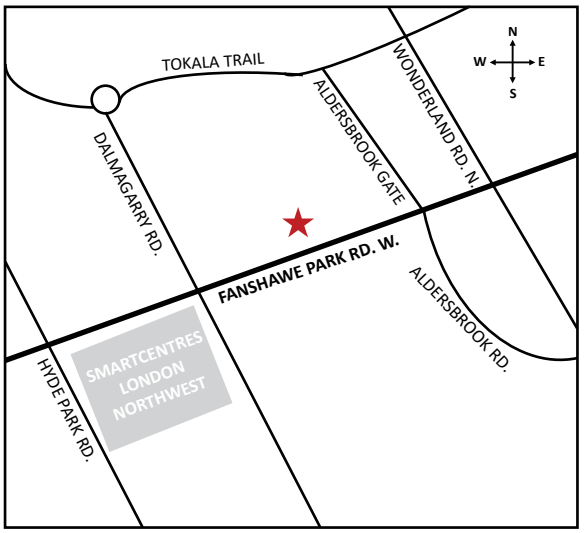
- All our services require a scheduled appointment.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit **WELLdiagnostics.ca/Locations**.
- **We will send your diagnostic report to your referring HP (healthcare provider),** who will follow-up with you. We can send it to additional HPs upon your request.

FLUOROSCOPY PRE-PROCEDURE INSTRUCTIONS

- Please arrange for a person to bring you to your appointment and take you home post-procedure.
- Please arrive 15 minutes before your scheduled appointment. The procedure will take approximately 30 minutes.
- Please bring your valid health card, any relevant WSIB information (claim number, date of injury and site of injury), and all your medications with you on the day of your appointment.
- You may eat and drink, but should restrict your intake to a light meal before the procedure.
- If you are taking oral anticoagulant or antiplatelet medication (blood thinners) such as ASA (Aspirin®), Apixaban (Eliquis®), Rivaroxaban (Xarelto®), Edoxaban (Lixiana®), Dabigatran (Pradaxa®), Clopidogrel (Plavix®), Ticagrelor (Brilinta®), or Dipyridamole + ASA (Aggrenox®), you must consult your family doctor about when to stop this medication before your procedure, unless your pain doctor tells you not to, as most procedures require this.
- If you are taking injectable anticoagulant medications (blood thinners) such as heparin, dalteparin (Fragmin®), enoxaparin (Lovenox®), tinzaparin (Innohep®), or fondaparinux (Arixtra®), please consult your pain specialist for direction on when to stop this medication prior to your procedure.
- Take other prescribed medication in the morning with some water.
- If you have diabetes, you will need to remove any blood sugar sensors/transmitters/ receivers or insulin pumps because these items should not be exposed to radiation.

Please visit **WELLdiagnostics.ca/test-prep** for more information on:

- Epidural Steroid Injection
- Facet Joint Injection
- Sacroiliac Joint Injection
- Post-procedure instructions



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

Visit **WELLdiagnostics.ca** or scan this QR code to:

- ✓ Find location services, hours, and directions
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- ✓ Access your radiology images and results
- ✓ Get the latest news and insights
- ✓ Submit inquiry forms and satisfaction surveys
- ✓ Join our team

This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and independent health facilities, such as those listed here: www.health.gov.on.ca